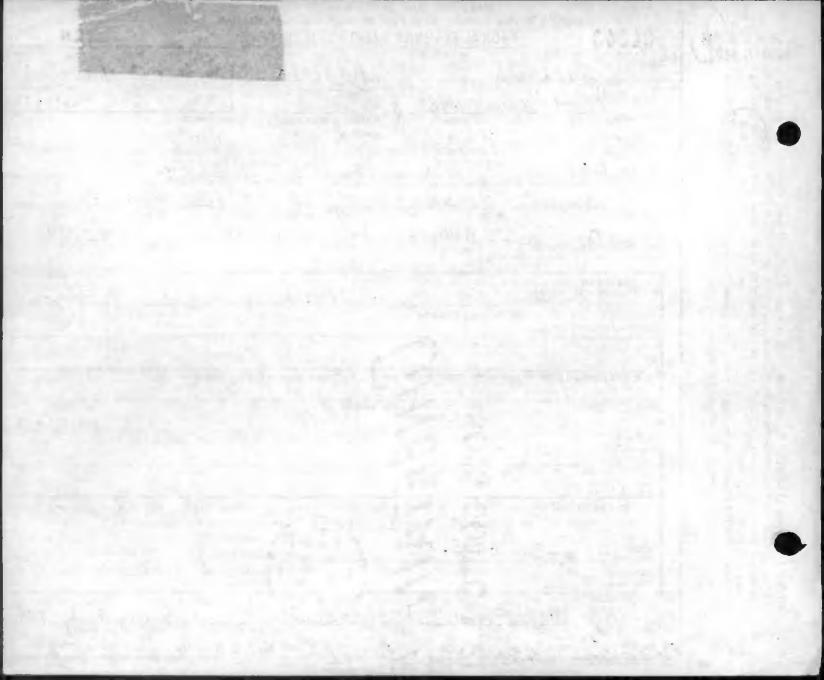
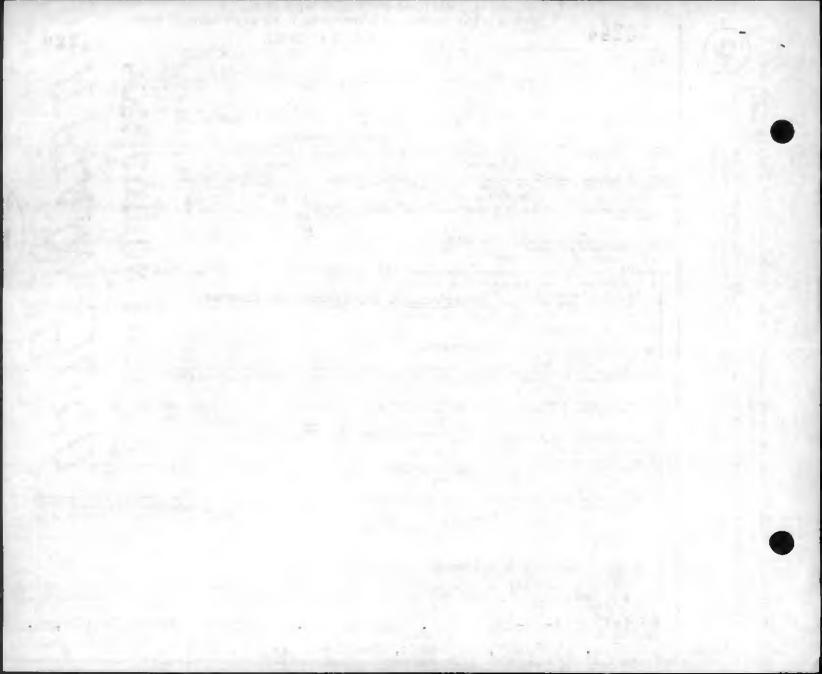
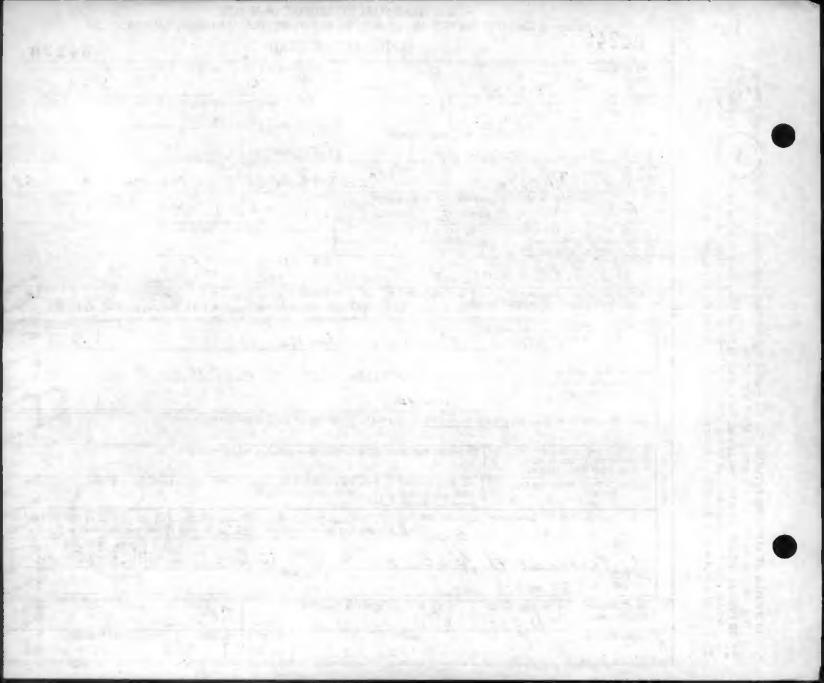
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECFASED-NAME First -Middle 20. DATE KNOWN [] Year 2b. HOUR (Type or Print) EST1-OF. delay is and 3 ta Page 40 DEATH MATED X 6. AGE (In years IF UNDER 24 HRS 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR MONTHS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH De drm Give Pages 1 WIDOWED DIVORCED | hours after death 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1/2b. KIND OF BUSINESS OR Office along with during most of working life even if retired.) land 2 with the ouse. Wing 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? col Norwood. Pr. frem 18. offer 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Rache pages hours should be farwarded to the Chief Medical Examiner's pencil 16b SOCIAL SECURITY NO 17 INFORMANI within (Yes, no. or unknown) (III yes give war or dates of service) E E APPROXIMATE INTERVAL = This certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN QUSET AND DEATH PART I. DEATH WAS CAUSED BY pending RUITTONI IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if any, which gove rise to immediate couse (a). the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 writing 20 be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO N 210. EXTERNAL CAUSE WAS Gr 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) FUNERAL DIRECTOR: Page 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. ICAL EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK the funeral director. Page burial, far 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my opinion Accident . death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED. ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county) 50 BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION: (City or Town) (County) (State) 2So. REC'D BY REGISTRAR VR A15ME (5)



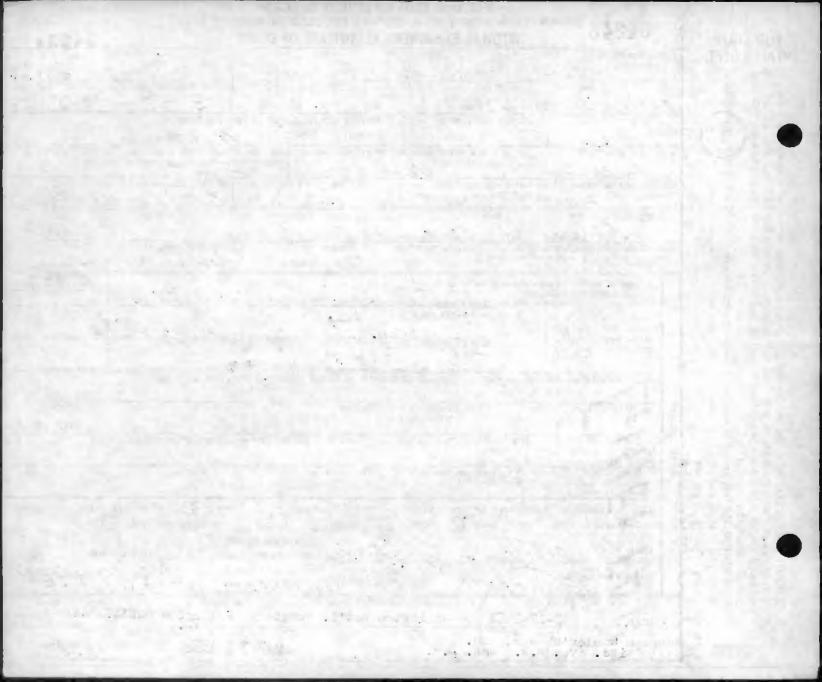
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOUR (Type or print) 4. RACE IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX pours after lost birthdoy) MONTHS 20 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign papers. WIDOWED KT DIVORCED requires that the death certificate be executed within 24 within I. NAME OPHOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of KIND OF BUSINESS OR during most of working life/even if retired.) remave carban event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR LOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES SK and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First EL1216E1 Albertson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dales of service) Yes, no or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Hypertensive Cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 😿 NO for use Health O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from ________, 1948, ta_________, 1967, that (I) (we) last sow the deceased dive on _________1967, and that in (my) (our) opinion death occurred on the date and hour and from the ., 1948, to 14mRR, 1968, that (1) (we) last be retained couses stated above (1) (we) (did) (did nat) view the body after death. 226. SIGNATURE 22c. DATE SIGNED DEGREE director, page should be filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 780/ NORFOLK AVE BETHESOM, MI NAME (Type) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 3-18-68 Ft. Lincoln Cem. Prince George County.Md 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland 30M REV. 1/68



Y . 1		V = 11	CERTIFICAL	E OF DEATH		04230
ī		ACE OF DEATH COUNTY	10.1	2. USUAL RESIDENCE (Where deco	eased lived, if institution: Re b. COUNTY	esidence before odmission)
-	b	CITY OR TOWN (If outside corporate limits,		c. CITY OR TOWN (If outside corpo	orote limits, write RURAL on-	d give neores fown)
		write RUAN and give nearest gawn)		HYATTSVILL		
90	1	NAME OF HOSPITAL OR INSTITUTION (IF no		d. STREET ADDRESS	/1100 P. I	e. IS RESIDENCE ON A FARM?
3		LVAN MANCK NOR	SING From C . Middle	Lost 4 DATI		Doy Year
16	(CEASED PAULII	UE ALE	TANDER OF DEAT		10 19 68
d S	5. 5	6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Sept 1879	9. AGE (In years IF U) Age (In years III U)	NDER 1 YEAR 1F UNDER 24 HR ths Doys Hours Min
l d	lurin	SUAL OCCUPATION (Give kind of work done most of working life, even it retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or	foreign country)	2. CITIZEN OF WHAT
Ī	13.	ATHER'S NAME Craham A	John with	14. MOTHER MAIDEN NAME	Fisaline	03.11
	IS. (Yes	VAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dotes of	service) 16. SOCIAL SECURITY NO. 17.	THEORMANT Wegmen	512 Quens	Chapel fol the
===	T	8. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
		4272 IMMEDIATE CAUSE	In =			10 MIN
		se to immediate couse (a)		INSUFEI	15 NCY	
		toting the underlying couse	SENIETT	y		17.17.19
2	Allus	ART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	VEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
Controlation		00. ACCIDENT WAS UNDERLYING R CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Port t or F	ort II of item 18.)	
TEST CONT	MEDICAL	Oc. TIME OF INJURY Month, Day, Yeor Hour o.m. 19		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State)
	Ì	21. I certify that (I) (this hos	oital) attended the deceased fram	1958,19	to 3-10 -,	19 <u>68</u> , that (I) (we)
	ŀ	saw the deceased alive an	1 1/.01	ui dedili uttorieu di 72 4	_m, num cuoses una c	an the date stated abo
		Hanney,	H. Kullman .	A.D. PHYS. MED. DIRECTOR	STAFF PHYS.	3-10-68
1		NAME (Type) SAMUEL.	A.HILLMAN	22d. ADDRESS 8829-F200	VER AVE	- s.s. Mil
2	23a.,	BURIAL CREMATION, 23b. DATE THE SEMOVAL (Specify)	REOF 230 NAME OF CEMPTERY OF PACE CALL	el Welser Com Cap	LOCATION (City or Town).	nch (County) (Store)
M	74.	FUNERAL DIRECTOR	ADDRESS ADDRESS	250. REC'D BY REGIS	TRAR 256 REGISTRA	AR'S SIGNATURE
14 6	-611	Mard Donascrusty Locks	, 3,301 14 D STALL W	tech. D.C DATE MAN 1	4 1000	100



1 (1)	MARYLAND STATE DEPARTMENT OF HEALTH O Z O Z O DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0492,
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2n DATE KNOWN Mon	
a ta 3 ta Page ent af	(Type or Print) David Sarrell an Lusar DEATH MATED MA	U9 188/00
delay is and 3 ta M3. Page tment af	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. MONTHS	Year 10 2d. HOUF
X DA A	male W 1/27/68 - YRS / // 3-7"	1960 VODI
form form of Dep	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH STORY NEVER MARRIED NEVER MARRIED 9. COUNTY OF DEATH NEVER MARRIED 10 VORCED 10 VO	
age of the state o	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION Wind of work does	Te 12b. KIND OF BUSINESS OR
after death 8. Give Pages along with for with the State.	Beldende give street oddress) Sebeubon during most of working life, even if retired	I.) INDUSTRY
s after de 18. Give F along with the death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER	2 1
18. 18. 18. 18. 12. w	and from their john is a is if the king	· Culle
haurs after death Item 18. Give Pages 1, Office along with form land 2 with the State De	14. FATHER'S NAME First Middle Lost 18. MOTHER'S MAIDEN NAME First Middle	Illust +
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT MRS. D.G., MN D.G.R. S ONDDRESS	whigh
	(Yes, no, or unknown) (If yes give wor or dates of service) Mether demended	ahone
ed w in l in Ex il Ex	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecuted ing" in edical E ermit. F within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cloude Deffice Delatera	6
be execute "pending" lief Medica Insit permit	Conditions, if any, which gave) DUE TO, OR AS RECONSEQUENCE OF Conditions, if any, which gave)	00-
vard "pe vard "pe ne Chief al-transil	rise to immediate cause (a). (b)	
	stating the underlying cause DUE 10, OR AS A CONSCIOURNCE OF Constitution of C	
s certificate s e, writing the farwarded to used as a bu emaval, and i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
writing writing rwarded sed as c	18 472X	
is certific te, writin farward e used a remaval,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	20. AUTOPSY?
in the early	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	
	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21f LOCATION Street or R.E.D. No. City or Town	
EXAMINER: cute the certifage 4 shauld r your files. Page 3 should, crematian,		County State
ecute the Page 4 ar yaur R: Page 4 ar yaur R: Page ail, cremial, c	AT WORK L. AT WORK L.	
AL for the formal for	220. I certify that I took charge of the remains described above held on Autopsy Inspection I, Inquiry	
director. etained DIRECTOR	death resulted from: Natural couses (, Accident , Suicide , Homicide , Undetermined monn	ier [_]
ITY BIC. y, please e eral director be retained RAL DIRECT prior to bu	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. D.	ATE SIGNED
ory, be ERA	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	10-1010
o DEPUTY necessary, I the funeral 5 may be r o FUNERAL Health priv	NAME (Type) QELDEN X, NEAP, Y (ADDRESSISTING FOR JOUNTY)	.7,1768
10 = ± 20 ±	230. BURIAL CREMATION, PREMOVALISPECIFY 3-12-1968 Arlington Nat'l. emetery Arlington Nat'l.	(County) (State)
	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR	IR'S SIGNATURE
VR A15ME [5] 10M REV. 1/68	Joseph Gawler's Sons, wInc. D.C. DAMAR 13 1968	wes judge ;
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(h)		0201=	DIVISION OF WHAL RECORD	CEDTIELCAT	E OF DEATH	MUKE, MAKTLAND 212	04232
0	VDE	CEASED-NAME First	Middle		Lost	2o. DATE OF DEATH	2b. HOUR
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1	3. SE		4. RACE	S. D.	ATE OF BIRTH	6. AGE (In yea	IF UNDER I YEAR IF UNDER 24 HRS.
1	F	MALE	NEGRO	100	TOBER 7	1883 Blost birthday	YRS. MONTHS DAYS HOURS MIN
		IRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED N		9. COUNTY OF DEATH	
1		GEORGIA	U.S.A.	WIDOWED	DIVORCED 🔲	ThortGOME	FRY Md
ō		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF	RINSTITUTION (If not in	hospital 120. USUA	L OCCUPATION (Kind of work ost of working life, even if ret	done 12b. KIND OF BUSINESS OR INDUSTRY
	130	VER SPRING	d lived, if institution: Residence before	Ann Road	/N 13d, INSIDE CITY LV	MITS? 13e. STREET AND NUME)ED
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9		ATHER'S NAME First	Middle Los	1 IS. MO	THER'S MAIDEN NAME FI		idle Lost
-		BEDTA	un Kame	REAU.			COLLIER
		WAS DECEASED EVER IN U.S. ARMI	D FORCES? 16b. SOCIAL SECUR	ITY NO. 17. INFOR	MANT	Add	ress
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		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), and		1.0	1 / 4	BETWEEN ONSET AND DEATH
		1/21/5 IMMEDIAT	E CAUSE (o) LEREDY		cular 1	Accident	minules
		Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE	7 4 7		A - 0 =	
		rise to immediate couse (a),	(b) Gerebro DUE TO, OR AS A CONSEQUENCE		erioscie k	2,209	YRS
		stoting the underlying couse	6 Genera	112ed	ARTERI	osclerosis	4RS
		PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	
	N.	Diabetes	melliTus				
7	CERTIFICATION	190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WA	S PERFORMED	2Do. AUTOPSY?	20b. IF YES, WERE FINE CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
(ERTIF	21o. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	101- HOW II	YES NO	noture of injury in Port 1 or 1	Dard 2 (harry 10)
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Y	eor	DORY OCCURRED (Emer	noture of injury in Port 1 of t	ron 2, nem ib.j
	MEDICAL	(If either, notify medical examination 21d, INJURY OCCURRED 21e, I	PLACE OF INHIRY (AT HOME, FARM, STREE	19 1, FACTORY.) 21f. LOCATIO	ON Street or R.F.D. No.	Gity or Town	County State
		While Not while of work	OFFICE BUILDING, ETC.	,	,	,	
		22o. I certify that (I) (this	hospital) attended the dece	eosed from/	15 , 196	el, to 5/22	_, 19 (a) , that (I) (we) los
		sow the deceased oli	(I) (we) (did) (did not) view t	19 & ond the	ôt in (my) (our) opi: h	nion death occurred on t	the date and hour and from the
		22b. SIGNATURE	7	the dody ones deor		AT AT AT AT A T A T A T A T A T A T A T	22c. DATE, SIGNED /
		12/1/2	enack	DEGREE	ATTENDING M. DI	IRECTOR STAFF PHYS.	3/22/68
ſ		22d. PHYSICIAN'S NAME (Type)	Bonnak	MA	22e. ADDRESS	2.1.5 00	1.11 T 300
			NEMACK	111)	4//3 (olle UK.	Whealon ML
	230.	BURIAL, CREMATION, REMOVAL (Specify)	160	OF CEMETERY OR CREA	MATORY	23d. LOCATION (City or Town	LE CA
	240	FUNERAL DIRECTOR	26,09 ADDI	RESS 77	A. Chaso. REC'D B	PREGISTRAR 256. REGIS	STRAR'S SIGNATURE
	R	of Mme	Duiso 1821	7-94St.Y	7.4/. DATE MA	R 2 6 1968	maries progra.

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Chylia Tillahin

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First 2o. DATE OF DEATH 2b. HOUR PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death ear (Type or print) Wargaret ond AUKWARD 4 RACE 5 DATE OF BIRTH 6. AGE (n years IF JINDER 1 YEAR lost birthday) 10-23-Female WHITE 7a BIRTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY?** MARRIED [] NEVER MARRIED [signed by the attending physician and completely filled in burial-transit permit. Then please remove corbon papers, burial, cremation, or removal, and in any event, within 72 h 1). S. A. DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Silver Soling Nursina 13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 3e STREET AND NUMBER odmission) STATE Silver 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Michael Reidu Catherine onnor 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no or unknown) 214-52-5665 Aukward 9810 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF ottending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been suse as the kith prior to b 19g, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING for use as CAUSES OF DEATH? NO K YES 🗔 by the hospitol or this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached f te Dept. of i (If either, natify medical examiner) P.M 21d. INMRY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark Page 4 may be retained by t O FUNERAL DIRECTOR: After 220. I certify that (I) (this-hospital) attended the deceased from 1957, to May 14, 1967, that (I) (we) last saw the deceased alive an May 14, 1967, and that in (my) (our) apinion death occurred on the date and hour and from the 3 should be couses stoted obove, (I) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR director, poge 3 should be filed v 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Georgia Avenue Silver Spring, Md. 10110 230 BURIAL, CREMATION 23b. DATE REMOVAL (Specify) 3/18/68 Arlinaton National Arlington (en.

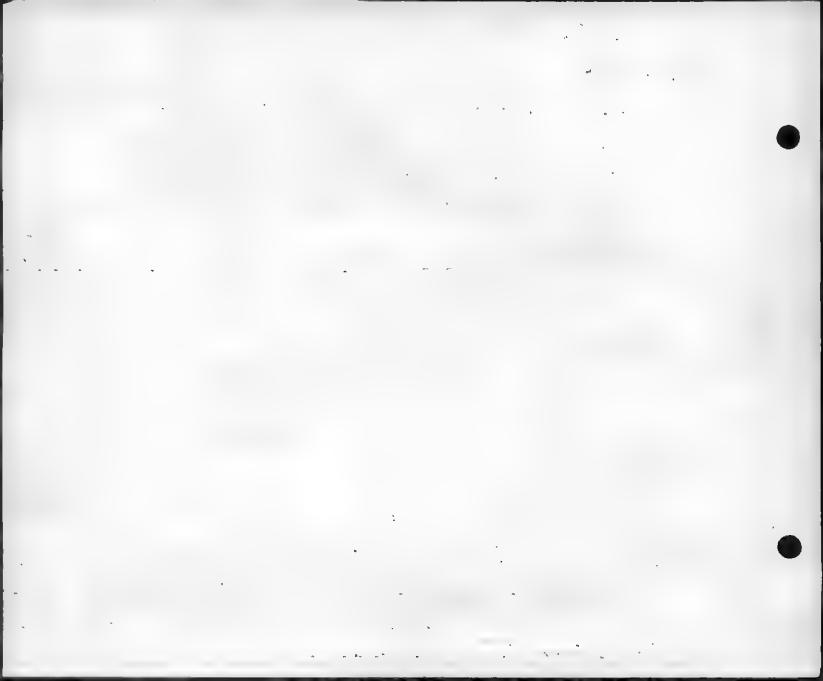
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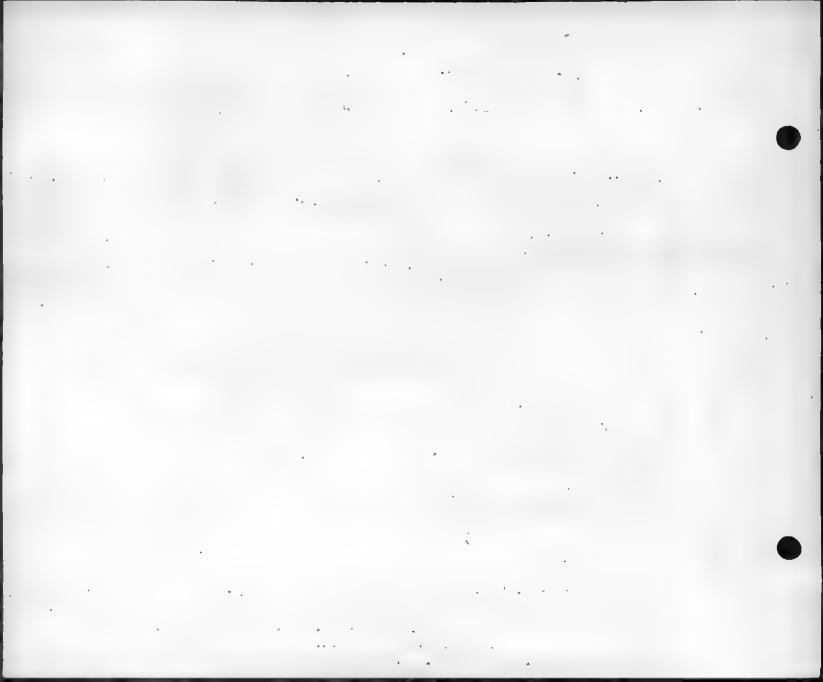
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30M REV 1/68

250. REC'D BY REGISTRAR MAR 1 9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3423 1. DECEASED-NAME First Middle LOST 2a DATE OF DEATH 2b HOUR (Type or print) Year -RANCIS ALL IF UNDER 24 HRS 8. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR within 24 haurs after papers. Pages thin 72 hours afte last t MONTHS 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED TO NEVER MARRIED DIVORCED IT WIDOWED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in baseital 126 KIND OF BUSINESS OR give street oddress) corbon completely 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before odenssion) STATE 13b COUNTY 13c CITY OR TOWN 136 STREET AND NUMBER 138 INSIDE CITY LIMITS? or removal, and in any event law requires thot the deoth certific≣te be ex≣cuted WASHINGTONES the attending physicion and cofin sit permit. Then please remove 14. FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First OKTROM Address 16g. WAS DECEASED EVER IN U.S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH burial-transit permit. IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the prior to has been 19b CONDITION FOR WHICH-OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO IT O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF BATTLE D (If either, notify medical examiner) 21d INJURY-QCCURRED 216. PLACE OF INJURY - AT HOME FARM STREET, FACTORY.) 216. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from which is a saw the deceased alive an 1962, ond that in (mg) (our) opinion death occurred on the date and hour and from the Poge 4 may be retained by causes stated above, (1) (we) (did) (did not) frew the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** director, page should be filed PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) James M. Loftus 230 BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Lewinsville Presb. Cem. Mc Lean, Virginia Buria 2Sa. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 5130 Wisconsin Ave. N.W. VR A15 (4) 30M REV, 1/68 victioner 1968 Joseph Gawler's Sons Washington, D.C. 20016



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d wi	File n 72			18 CAUSE OF DEATH	(Enter only o	ne rouse perfe	a for (a) (b)	An (c))	()	<u>DUZDI</u>	20	and in	ring,		ROX MATE INTERVAL
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NER rer rles	short tigr		WEDICAL	CAUSE OF DEATH 21d. NJURY OCCURRED	21a PIA	E OF INJURY (A		19	21f LOCATION Street	OF DED NO		City or Town		County	State
EXAMINER: ute the cert age 4 shoul	Page 3 shou crematian,		~	WHILE NOT WHILE AT WORK		r, office building		street,	ZII DOCATION STEET	OF K.F D NO.		City or Town		Coonsy	a Turie
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

RTIFICATE OF DEATH	
1 4	A- DATE OF DEATH

	542	51 DIVIS	SION OF VITA	AL RECORDS, 30 CE		ESTON STREI ATE OF D		MORE, MAR	YLAND 212	01		34
ħ	. DECEASED NAME	First		Middle		Last		2o. DATE OF	DEATH			2b. HOURE
	(Type or print)	James		C.	I	BARLOW		March	I E Manth	Day	119 68	940 N
3.	. SEX Male	4 R Ca	we weasian			S. DATE OF BIRTH		5	6. AGE (In year lost birthday)	rs I		F UNDER 24 HRS. HOURS MEN
10	O CITY OR TOWN OF	sissippi	USA	F HOSPITAL OR INSTIT	WIDOWED [t in haspital	120 USUAL		ery Kind of work		126 KIND OF BU	Mo JSINESS OR
13	Sethesda 30 dSUAL RESIDENCE dmission) STATE V	(Where deceased lived	, if institution Ri		k, CITY OR	town 19d ksburg y	INSIDE CITY LIMIT	159 13e STR	SAF EET AND NUMB Lake S	ER	USAF	
100	4. FATHER'S NAME	First	Middle	Lost		MOTHER'S MA.DI			Mid			Lost
ı	Wiley G.	Barlow				Sally	Lawson	2				
7	6a. WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16b.	SOCIAL SECURITY NO	17, IN	FORMANT	Freder	ricksbu	rg, Addr	ess Vi	rginia	
L	Yes pa, or unknown Yes	1) (If yes give wor or doles 1922-195	2	26 46 819	Mr Oc	s. Ethe	1 P. I	Barlow,	115 L	ake S	Shore D	rive
	18. CAUSE OF D PART I. DEA	EATH (Enter only one out TH WAS CAUSED BY: IMMEDIATE CAUS		(a) (b), and (t))		ded a	sper	gille	cofed		APPROXIMA BETWEEN ONSI	
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١	stoting the und	erlying couse DI	JE TO, OR AS A C		U							
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	190. DATE OF OPE			PERATION WAS PERFO	RMED	20a. AUTOPSY	? NO 🔲		OF DEATHS	ings con Ye s	SIDERED IN CER	DEVING
	OR CONTRIBUTING	VAS UNDERLYING 2 CAUSE OF OEATH medical examiner)	HOUR A.M Mor	RY nth Day Year 19	21c HO	W INJURY OCCUR	RED (Enter r	nature of injury	n Part Lor P	ort 2, Ite	m 18.)	_
	While Nat w	JRRED 21e. PLACE (OF INJURY (AT HO.	ME FARM, STREET, FACTOR BUILDING, ETC.					ar Tawn		County	State
١	22a. I certify saw the causes s	that {1) (this has deceased alive a toted abave, {1) (we) (dıd) (36 7	the deceased	from , and dy after d	that in (14) eath.	, 196 (aur) apıni	58, ta <u>Ma</u> ian death o	ccurred an t	_, 19 <u>(</u> he date	68_, that:X and havr ar	l) (we) las ad fram the
١	22b. SIGNATURE	ans w	- Jea	1	M BEGRI	ATTENDING PHYS	☐ MEC		STAFF PHYS.	22c DA	te signed April l	
	22d. PHÝSKÍ AN'S NÁME (Type	James W. I	ea, Jr.	M. D.		22e. ADDRES		ital, i	ethesd	a,_M	d	
2	BURIAL, CREMATI		-68	23c. NAME OF CEA					N (Cuty or Town		(County) ississi	(Stote)
2	4. FUNERAL DIRECTO	RRobert A.	Pumphre	V ADDRESS		25	a. REC'D BY	REGISTRAR	2Sb. REGIS			
	Funeral H	Home, 7557	Wiscons	in Ave.,	Beth	esda, Mo	AR APR	3 _ 19	6B *	May	Can June	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, rayed and should be filed with the State Dept of Health priarta burial, cremation, ar removal, and in any event, within 72 hours offer dept VR A15 (4) 30M REV 1/68

TO INSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME M ddle 20 DATE OF DEATH Last 2b HOUR (Type or print) Month 3. SEX IF UNDER 24 HRS S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS HOURS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? country) DIVORCED TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY, LUMITS? 13e STREET AND NUMBER 13b. COUNTY odmission) STATE 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Howail Paverna ROMOTT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Nough ! 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND/DEAT PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (0) Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21s. PLACE OF INJURY County State City or Town While Not while at work 21 19 64, and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 230 BURIAL, CREMATION 23b. DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify)

DATE

O FUNERAL DIRECTOR: After this certificate VR A15 (4)

24. FUNERAL DIRECTOR

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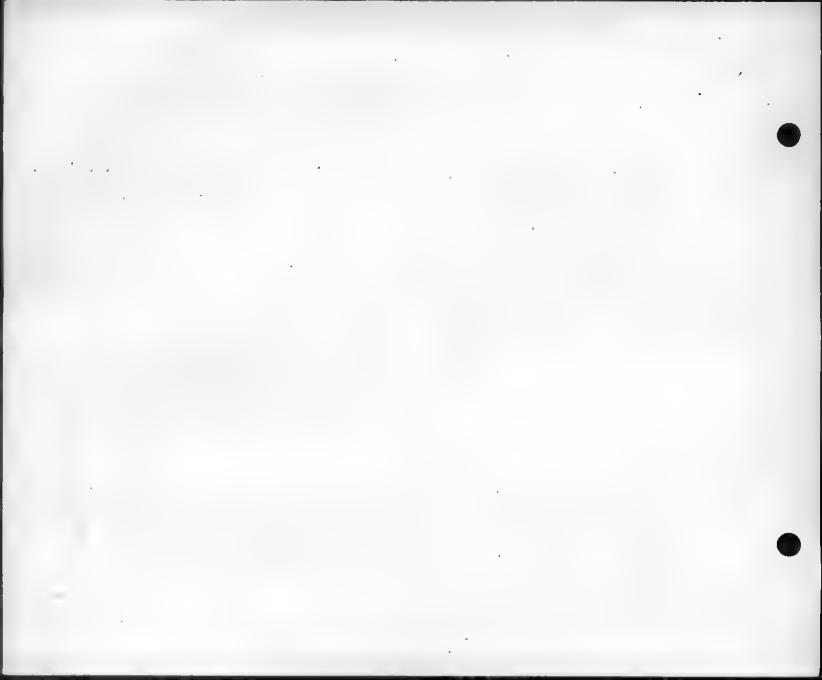
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signed by the ottending physicion and completely filled in by the f burial-transit permit. Then please remove carban papers. Pages

low requires that the death certificate be executed within 24 hours after death



- 1	Ft	em 18b Film 3.9 4-1 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		# MEDICAL EXAMINER'S CERTIFICATE OF DEATH	· 1
HEALTH DEPT		DECEASED NAME (Type or Print) There a Barrett OF ESTI- DEATH MATED 3 (1)	Doy Year 2b HOUR
any delay 5 2, and 3 ta PM3. Page		SEX 4 RACE S DATE OF BIRTH - 6 AGE (In years 1 ST VRS DAYS HOURS MIN Anoth Doy 15	Yeor 1965 7 A A
farm, e De	(01	BIRTHPLACE (State or foreign 75 CIT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 7.777 (77) (77)	/ M
ofter death S. Give Poges along with for with the State eath		Rockers//c. give street goddress) Azaloz Trive. during most of working life, even if retired.)	2b KIND OF BUSINESS OR NDUSTRY GOV't.
		OUSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN odmission) STATE Md. 13b. COUNTY Montgomery Rock wille YES NO 1651 AZOLO DE	
24 hours in Item 11 er's Office es land 2 ours ofter d		FATHER'S NAME Jacob Bernstein Lost 15. MOTHER'S MALDEN NAME First Middle Sophia Cohen	Losi
within 24 pencil in xominer's ile pages 72 hours	y (WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [Nyes give wor or dottes of servee] O05-18-7467 17. INFORMANT Setelle M. Barrett-Items 10 & 11	APPROX MATE INTERVAL
certificate should be executed within 24, writing the word "pemding" in plancil in farwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages moval, and in any event within 72 hours		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	2 br. 2
VER: This certificate sha certificate, writing the v rould be farwarded to thes. les. should be used as a buri tian, or removal, and in	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES X NO
XAMIR ute the ge 4 sl your fi Yoge 3	MED CAL CE	210 EXTERNAL CAUSE WAS PR.MARY TO BE CONTRIBLING 21b TIME OF NURY Month, Doy, Year HOUR A M 3 15 1968 CA SE OPDEATH 21d NURY OCCURRED 21e PLACE OF INLARY (At home, form, street, AT WORK AT W	County Stote
o DEPUTY necessary, please exect the funeral director. Pa 5 may be retained for o Funeral Directors: Health prior to burial,		22a certify that I taok charge of the remains described above, held an Autopsy Inspect an Inquiry Inquiry Inquiry Inspect an Inquiry Inquiry	GNED
101 101 101 101 101 101		BURIAL (REMATION, REMOVAL (Specify) 3/15/68 Cedar Hill Prince George Co.,	Maryland
VR A15ME (S)	124	Rockville od - 250 RECU BY REGISTRAR 256 REGISTRAR 3 SI	GHATUR JAMES



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 2b HOUR 20 4 RACE DATE OF BIRTH 6 AGE (In years F JNDFR I YEAR 15 JNOER lost_birthdoy) MONTHS DAYS HOURS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY 8. MARRIED 🔀 NEVER MARRIED 🗌 WIDOWED [DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF during most of working life, even if retired) 13g USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN ESAL INSIDE CITY LIMITS? 13e. STREET AND NUMBER IS MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT)Address (If yes give war or dates of service) Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 😨 NO [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) HOUR A.M. Manth Day Year

death 9 24 hours after within 72 filled WITH please remove carbon physician and completely event, requires that the death certificate be executed and in any mmaval, Ы cremation, burial-transit p signed t be retained by the hospital or attending all the has been far use Health O FUNERAL DIRECTOR: After this certificate be detached director, page 3 should be filed v

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF GEATH P.M.

(If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 OFFICE BUILDING, ETC. While Not while at wark

21f LOCATION

Street or R F.D. No.

ATTENDING

22e. ADDRESS

PHYS

County Stote

220. I certify that (I) (this hospital) attended the deceased from: 124 / 2 1964, and that in tiny (aur) opinion death occurred on the date and hour and from the saw the deceased alive_on. couses stated abave (1) we) (tild) (did nat) view the body after death.

DEGREE

22b. SIGNATURE 22d. PHYSICIAN'S

NAME (Type)

DECEASED-NAME

3. SEX

country)

(Type or print) ~

7o. BIRTHPLACE (State or foreign

10. CITY OR TOWN OF DEATH

Yes, no, or unknown)

Conditions, if any, which gave) rise to immediate cause (a).

stating the underlying cause

19o. DATE OF OPERATION

14. FATHER'S NAME

First

First

DIRECTOR

City or Town

22c. DATE SIGNED

23a. BURIAL, CREMATION.

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Baltimore, Maryland

(County): (State)

24 FUNERAL DIRECTO

3-13-68

New Cathedral Cem.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

30M REV. 1/68

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0425 CERTIFICATE OF DEATH 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission dea 1. PLACE OF BEATH b. COUNTY a. COUNTY o. STATE Maryland Montgomery Howard MARYLAND b CITY OR TOWN (f outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Highland 1 day Oney L Q.6
d. NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Mink Hollow Road YES. □ NO [The law requires that the death certificate be executed within 4 DATE NAME OF Middle Last Month Doy Year DECEASED OF DEATH Virgie Beavers March 19 (Type or print) 흥흥 IF UNDER 24 HRS SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remove Months last birthdov) Days Hours 1/28/03 and in any WIDOWED DIVORCED White female 12 CITIZEN OF WHAT 1Do USUA, OCCUPAT ON (Give kind of work done LOB. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) physician a ien please COUNTRY? during most of working life, even if retired) INDUSTRY Maryland unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal Elizabeth Wallace Mobley unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address signed by the after burial-transit perm burial, crematian, a records: Montgomery Gen. Hosp., Olney. ilnknown no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if only, which gave nse to immediate cause (a), DUE TO stating the underlying cause as the an orleas ore in one WAS AUTOPS? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? shavid be detached for use with the State Dept. of Health YES [NO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm, (City or town) (Stote) 2Dd INJURY OCCURRED (County) 20c. TIME OF INJURY Manth. Day. Year factory, street, office bldg., etc.) Not While at work 1967 to 11 . 1968 that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from 1968, and that death occurred of 0:30 M, from couses and on the date stated above. saw the deceased alive-on Man 220 SIGNATURE 22b DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 700 Cloverly st. Silver Spring. Donald R. Lew should t NAME OF GEMETERY OR CREMATORY 23d. BURIAL CREMATION 23b. DATE THEREOF 23d DCATION (City of Town) REMOVAL (Specify) REGISTRARY SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 20 M T/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle last 2a. DATE OF DEATH 2b HOJR PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) PAULINE S. 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR last birthday) "Thite Female Aug. 27. the attending physician and campletely filled in by sit permit. Then please remove carbon papers. P 7o. BIRTHPLACE (State or fore gn 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [X NEVER MARRIED [9. COUNTY OF DEATH bon papers. within 72 ho country) Wash., D.C. Montgomery DIVORCED | WIDOWED | 12a USUAL OCCUPATION (Kind of work done IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of work ng life, even if retired)
Private Secretary give street oddress) INDUSTRY Silver Spring Cross Hosp. Am. event. 3a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Montgo. 1ery admission) STATE 3803 Kayson Street Sil. Sn. and in any 4. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First John Shannon Adelaide Melchior 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) 579-44-5649 John Beemer - 3803 Kayson St. Sil Examiner APPROX. MATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Car diec arry IMMEDIATE CAUSE (6) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to mmed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse by the hospital ar attending physician. CORMANY Medi PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 31 Recoppent 2) A, S, H, Dis, O FUNERAL DIRECTOR: After this certificate has been Health priar to 19a DATE OF OPERATION 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES 🗔 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Cleared OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year đ (If either, natify medical examiner) detached State Dept. 21d. INJJRY OCCURRED 210 PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from_ þe saw the deceased alive on... Page 4 may be retained 22b SIGNATURE 22c DATE SIGNED DIRECTOR PHYS. CIAN S 22e. ADDRESS Francis J NAME (Type) 1601 directar, 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, (Stote) BRENOVAL (Specify) 4/3/68 Cedar Hill Cemetery Suitland. Prince Gerroes Md 25b. REGISTRAR'S SIGNATURE
1968 KULLENCES 5130 Winesonsin Ave, NW 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR WR A15 MJ APR 5 Joseph Gawler's Sons, Washington, D.C. DATE



1		DIVISION OF VI	TAL RECORDS, 301 W. P	RESTON STREET, BALTIM	ORE, MARYLAND 21201	0'2'
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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the funeral stacked for use as the burial-transit permit. Then please remare carbon papers, Pages 1 and 2 Dept. af Health priar to burial, crematian, or remayal, and in any event, within 12 hauryalth means.	130. adm	USUAL RESIDENCE (Where deceased lived, if institution-ission) STATE 13b COUNTY 79	Residence before 13c. CITY OR			s. landpy
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TOR:		causes stated above, (I) (we) (did) (तम	inat) view the bady after	death.		
OR ATTENIOR DE retained DIRECTOR: A should ed with the		226. SIGNATURE	h half DEGR	REE PHYS. MED DIRE	CTOR STAFF	DATE SIGNED
O HOSPITAL OR ATTEN Page 4 moy be retained O FUNERAL DIRECTOR should be filed with the		22d. PHYSICIAN'S NAME (Type) M. How Sul	set und	22e. ADDRESS	2 Nu hashi	7 de 3
O HOSPITAL Page 4 may O FUNERAL director, pa	23a.	BURIAL, CREMATION, 23b DATE REMOVAL (Specify) 3-16-68	23t. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
5-5-2	CA	FUNERAL DIRECTOR	FT. LINCOLN C	2So REC'D BY	COLMAR PLACE REGISTRAR 25b. REGISTRAR'S	
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Item 18 film 398 3-26-68 MARYLAND STATE DEPARTMENT OF HEALTH



, 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		O 1.25 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3
HEALTH DERT			Day Yeor 2b HOUR
Poge Noge	L '	Type or Print) Color win street Buttinger Death MATED XX 3	15 1968 5AN
	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE (n years FUNDER) MAR FUNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HQUR
PM3.	17	male W 6/20/27 46 YRS MONTHS DAYS HOURS MA Month made Son	Year 1965-52 N
m P		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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within 2 pencil i Examiner File page 7.2 haur	Ľ	(es, no, or unknown) (If yes give wor or doines at service) 216-22-0957 Ive Borne Bestdinges Some	ca 121d
ed - E - E - E - E - E - E - E - E - E -		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Cert f cert f nould nould lles. should tion, c	WEDICAL	CAUSE OF DEATH P.M. 19	
= 0 = = = C = =	≥	21d INJURY OCCURRED 21e PLACE OF th.u.R.Y. (At hame, farm, street, white mot white factory, office building, etc.)	County State
EXAM ute th nge 4 your Poge , rrem		AT WORK AT WORK	
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Sed of the		death resulted fram: Natural causes 🖄, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🕻	
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o DEPUTY necessary, the funerol 5 may be r 0 FUNERAL Heolth prid		NAME (Type) ADDRESS(Street, city, town, or county)	
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VR A15ME (5)	24.	FUNERAL DIRECTOR Ernest C. Gertner Gaithersburg Md. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SI	IGNATURE
10M REV 1768		Consert 6 Stor liver DATE MAR 18 1968 x 12 cery	Take Market



DECEASED-NAME (Type or print) 3 SEX Female signed by the attending physician and compressing papers. Page hurial-transit permit. Then please remove carban papers. Page hurial-transit permit, within 72 hours 70. BIRTHPLACE (State or foreign country) New York 10 CITY OR TOWN OF DEATH Takoma Park odmission) STATE Maruland 14. FATHER'S NAME Yes no, or unknown) no 190. DATE OF OPERATION OS

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 34244 2b. HOUR A First Middle 2g. DATE OF DEATH Barbara (None) Binder Month March 4 RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) DAYS HOURS MONTHS White May 21 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED America WIDOWED [7] D VORCED Montgomery 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125. KIND OF BUSINESS OR give street oddress)
Washington Sanitarium during most of working life, even if retired.)
Housewife INDUSTRY 130 USUA: RES DENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES P Greenland_Court Montgomery M ddle Lost 15. MOTHER'S MAIDEN NAME First Last Newman 160 WAS DECEASED EVER IN L S. ARMED FORCES? T6b. SOCIAL SECURITY NO 17. INFORMANT [yes give war or dates of service] Patient's chart APPROXIMIATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO I 21d ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town (aunty State While Not while at wark 22a. 1 certify that (i) (this soital) attended the deceased from 3-10, 1960, ta 3-22, 1960 that (i) (we) last saw the deceased alive an 3-22 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (i) (iii) (did) (iiii) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSIC ANS 22e ADDRESS NAME (Type) LSHNER HAMPSHICE HUR 23a BURIA CREMATION 23k NAME OF CEMETERY OR CREMATORY 23b 23d_ EOCATION (City or Town) (County) (Store) REMOVAL (Specify) NEDBYID INEM

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director, page 3 should be filed

24 FUNERAL DIRECTOR

2So REC D BY REGISTRAR

2Sb REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR 1. DECEASED NAME First Month Year (Type or print) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 6 AGE (In years event, within 72 hours after 3. SEX DAYS HOURS last birthday) COUNTY OF DEATH 7b CITIZEN OF 7a BIRTHPLACE (State or foreign B. MARRIED X NEVER MARRIED country) WIDOWED DIVORCED [7] on toom en signed by the ottending physician and completely filled burial-transit permit. Then please remove corbon papi 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH low requires that the death certificate be executed within during most of working life, even if retired) INDUSTRY 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13a. USUAL RES DENCE (Where deceased lived. nstitution. Residence before 13b. COUNTY NOF YES 🔀 stevensuil ond in ony 14. FATHER S NAME M ddle IS. MOTHER'S MAIDEN NAME First Middle Sarah **ARMED FORCES?** 16b SOCIAL SECURITY NO 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. (If yes give war or dates of service) Yes, no. or unknown) or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DINSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗌 NO -O FUNERAL DIRECTOR: After this certificate by the hospital or 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Į TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County State City or Town While Nat while at wark 1967, to March 24, 196 22a I certify that (I) (this haspital) attended the deceased from NOYsaw the deceased glive an Manch 24 1950, and that in (my) (out) opinion death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 17 DEGREE PHYS. DIRECTOR PHYS. 22e ADDRESS PHYSICIAN S NAME (Type) 'a) director, should 23d LOCATION (City or Town) (County) (State) 23c NAME 23g SURIAL KREMATION 23b. DATE REMOVAL (Spec fy) RECD BY REGISTRAS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIBECTOR **ADDRESS VR A15 (4)** 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type ar print) CLETA PAULINE BLINKHORN 6: 10A the funda 5. DATE OF BIRTH IF UNDER 24 HRS 4 RACE 6 AGE (In years -IF UNDER 1 YEAR 3 SEX requires that the death certificate be executed within 24 hours after HOURS Female July 19. 1922 Cauc. 7a. BIRTHPLACE (State or foreign physician and campletely filled in by 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED DO NEVER MARRIED country)Tllinois Montgomery U. S. WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if ref red) | INDUSTRY Operator-Telephone Co. please remave carban Cross Hosp. Silver Spring. 13e STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE EITY EIM TS? 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 11701 Green Lane Potomac 14 FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First last First Middle Paul Metzger Cleta Rogers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Same as Item 13. Yes, no, or unknown) Joseph A.Blinkhorn APPROX MATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the attendi burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO DE 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item IB.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1 = 35, 19107, to 3-15, 1968, that (I) (we) last saw the deceased alive an 19 and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated phave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE MED. DIRECTOR 3-15-68 DEGREE director, page should be filed PHYS 22e ADDRESS 809 Viers Mill 22d. PHYSICIAN'S DONALD L. BUCY NAME (Type) Rockville. Maryland

23c. NAME OF CEMETERY OR CREMATORY

PUMPHREY, Bethesda, Maryland

Gate of Heaven Cem.

23b. DATE

3-18-68

23o. BURIAL, CREMATION,

FUNERA DIRECTOR

23d. ¿OCATION (City or Town)

250 REC D BY REGISTRAR

Silver Spring, Md.

25b. REGISTRAR'S SIGNATURE

(County)

30M REV, 1/68



TE MOSMITAL OR ATTENDING PEYMICIAM: The law requies that the death certificate be exemmted within 24-hours after death.

Page 4 may be retained by the hospital or attending myssicion. TE FULERAL DIRICTER: After this cert ficate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours after death.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH 14262 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

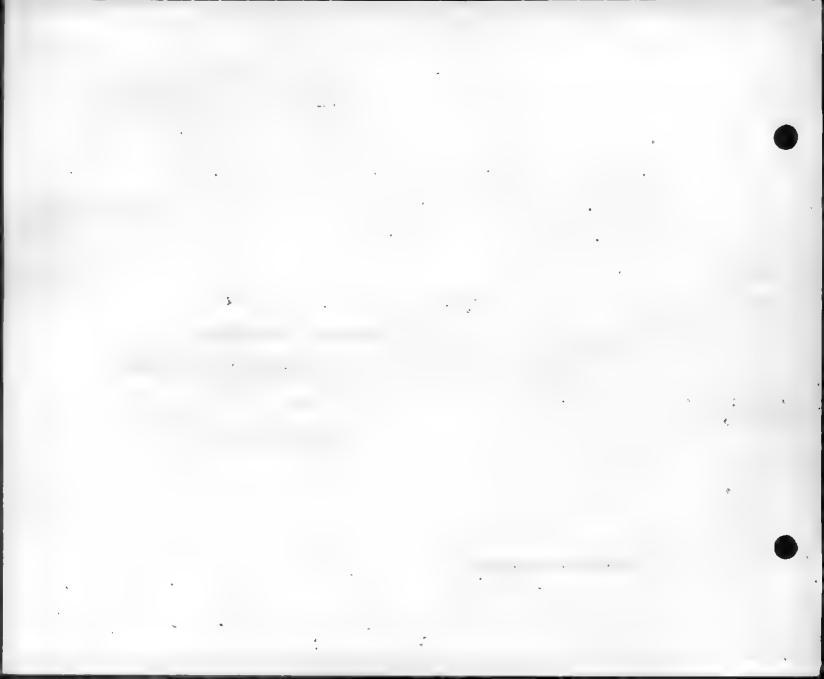
Them 2 Film G399 4/2/68 CERTIFICATE OF DEATH

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
O. COUNTY TO	o. STATE b. COUNTY b.
Illori gomery MARYLAND	Washington J.C.
b CITY OR TOWN (f outside Corporate limits, C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside comporate 1 mits, write RURAL and give nearest town)
write RURAL and give nearest tawn)	
Chevy Chase	
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS 404 ASDOM. St. NW 8 15 RESIDENCE
Bethesda Silver Spring Warsing Home	8700 Jones Mill Ad YES NO !
Bethesda Silver Spring Warsing Home	0 /1/40 /-44 1/5% /-/ 10 10 10 10 10 10 10 10
3 NAME OF First Middle	Lost 4. DATE Month Doy Year
DECEASED	Bogner DEATH March 23 1968
(Type or print)	
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. Jost birthday) Months Doys Hours Min.
WIDOWED IN DIVORCED	912 1880 Styrs Months Doys Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR	11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Polond COUNTRY? U.S.
	Foland U.S.
13. FATHER'S NAME	14 MDTHER S. MAIDEN NAME
Karpel Hellmann	Malcha -
(Yes, no, or unknown) (If yes give war or dates of service)	~
1 As	abbi Arthur Bogner-404 Asken ST, NW.
The Poster of Profit (f	
THE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (r).) PART I DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) DISSEMINATE	ed / Hastastasts
1 1 10 11 1 1	
DUE TO	P + 7/1-10
Conditions, if any, which gave) (b) Adehocal-cin	oma of Speast 3 years
rise to immediate couse (a),	
storing the underlying couse (
lost, /7 0 × (c)	
PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY
8 / 1. / 1 1 1 1	PERFORMED?
E Generalized Anteriosclerosis	1 /7ch 1/1 910ma 18 1 NO 2
≅ 200 ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port I of item IB.)
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	, and the second of the second
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE DF INJURY (Home, form, 20f (City or town) (County) (State)
While Not While fort	ory, street, affice bldg., etc.)
≥ p.m. 19 of work □ at wark □	
21. I certify that (t) (this hospital) attended the deceased fram_	Corco, 1967, to 3/25, 1960, that (1) (we) last
saw the deceased alive an 3/23 1968, and that	t death accurred at green M, fram causes and on the date stated above.
220 SIGNATURE	ATTENDING MED. STAFF 22b DATE SIGNED
1 - Lecare - Ail MI	
	22d ADDRESS
NAME (Type)	atol Man CS Md
tourse for the state of the sta	Tou tenger well silla.
230 BURIAL, CREMATION, 23b DATE THEREOF / 23c NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (Caunty) (State)
REMOVAL (Specify) 1	CREMATORY 23d. LOCATION (City or Town) (Caunty) (State)
1 130 F7a (Mar. 27/68)	/S/THEL
	25g RECD BY REGISTRAP 2SIN REGISTRAR'S SIGNATURE
Secretary with the constitution of the	D.C. MAR 2 7 HOB Clarity Ludge
45078) // 1145/11	U/U/U



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Frst Last 2g. DATE OF DEATH 2b. HOUR requirem that thm dmath certificate be executed mithin 24 hamrs after dmath (Type-or print) FRIC 6. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS lost birthdoy) MONTHS . 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) by the attention physician and campletely filled in rransit permit. Then please remave carban papers. cremation, ar remaval, and in any event, within 72 h WIDOWED [7] D'VORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF give street oddress during most of working life, even it retired.) Bithesda 13g USUA: RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LUMIFS? 3e STREET AND NUMBER 13b. COUNTY 14 FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First 16g, WAS DECEASED EVER IN J.5. ARMED FORCES? TABLISOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) Son ma APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO -TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 276 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote While Mat while at wark 220. I certify that (I) (this haspital) attended the deceased fram..... __19___, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive an____ causes stated above, (I) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING directar, page shauld be filed PHY5 22d. PHYSICIAN Rockville. Md. Edmondston Drive, NAME (Type) oseph O'Neil 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Montgomery Md. Rockville Cemetery Rockville R 1968 REGISTRAR'S SIGNATURE Burial 25a. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 A yson Wheeler Funeral Home 1331 Rock. Pike 9 30M REV

A maria





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haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4 may be retained by the haspital ar attending physician.

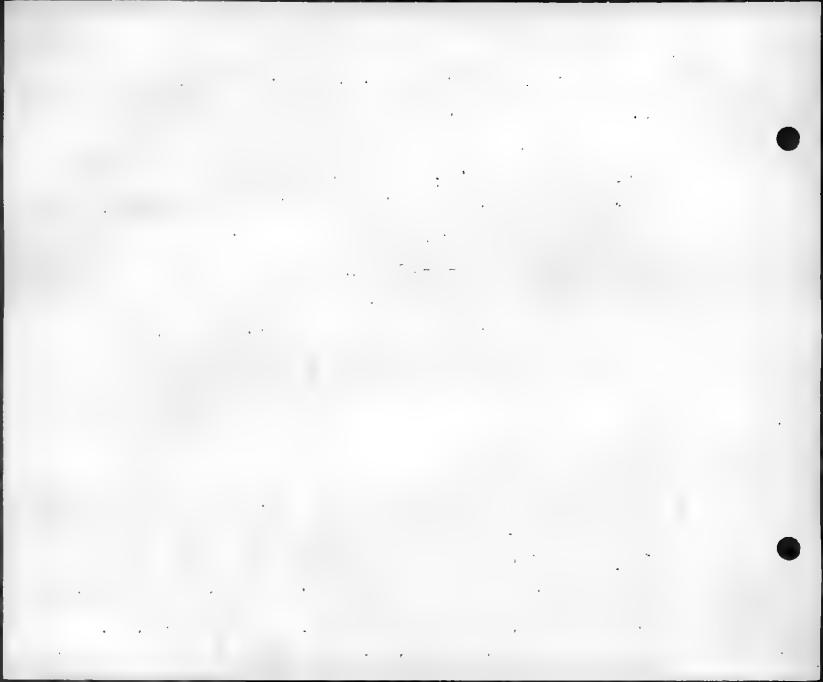
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH	40
! DECEASED NAME First Middle Lost 2a. DATE OF DEATH	25. HOUR
(Type or print) JOHN W BOWLER 3 Month 23 Day 68 Year	3:00am
3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IFUNDER YE	
Male White 4/29/82 lost birthdgy) RS. Months D	HOURS MIN
70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Ohio USA WIDOWED TO DIVORCED Montgomery	Md.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 126 KIN	OF BUSINESS OR
Olney give street addiess) omery General during most of yorking life even if retired) INDUSTR	Ť
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c, CITY OR TOWN 136 INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
odmission) STATE Maryland 13b. COUNTY Prince Geo. Hyattsville YES NO 6408 40th Avenue	
14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
JOHN BOWLER Mary I	aimer
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no of unknown) (If yes great water of dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Tedical Records Address	
No Montgomery General Hospital Olney,	Maryland
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	ROX MATE INTERVAL EN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) FULMONARY (ONGESTION T	ERMINK
2509	U
Conditions, if dry, which gave) (b) (EREBRAL BRAEMIA-DIFFISE	PONTHS
rise to immediate cause (a). (b).	10-
lost (c) JULMOUARY EMPHYSEMA Y	RS
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)	
2 DIABETES MELLITUS - PETTIC OLCER	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. 1F YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? 20b. 1F YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	N CERTIFYING
E NO ☑ CAUSES OF DEATH?	
If either, notify medical examiner) P.M. 19	
21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM, STREET, FACTORY.) 21f LOCATION Street at R.F.D. No. City at Town County While Not while	Stote
at wark at wark	
22a. I certify that (1) (this haspital) attended the deceased from 3/10, 1888, to 3/23, 1968, t	hat(II) (we) last
saw the deceased alive an	ur and tram the
22b, SIGNATURE 2)
Worseld F. Towns M.D DEGREE PHYS & MED. DIRECTOR	Jan 68
22d. PHYSICIAN'S 22e. ADDRESS	
NAME (Type) Donald R. Lewis, MD 700 Cloverly, Silver Spring, 16d.	
23a. BLRIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
REMOVAL (Specify) 3/25/68 Ft. Lincoln Cemetery Colmar Manor.	Maryland
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REG_STRAR'S SIGNATURE	
F. Gasch's Sons Hyattsville, Maryland DATE MAR 2 6 1988	2

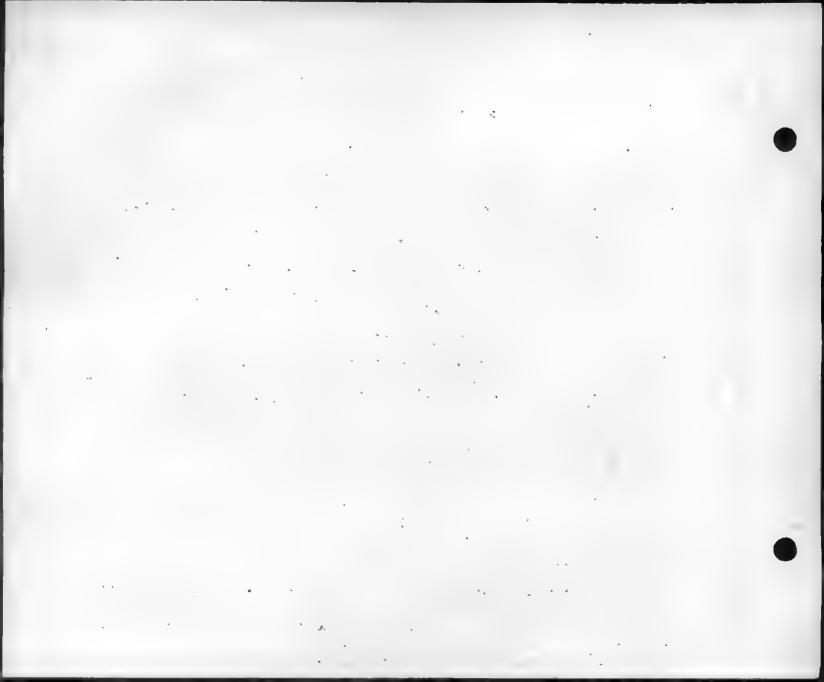
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death VR A15 (4) 30M REV 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Mrddle 2n. DATE OF DEATH 2b. HOUR death after death (Type or print) 3 SEX 4 RACE 6. AGE (In years IF JNOER I YEAR IF UNDER 24 HRS. lost birthdoy) HOURS 5-2-95 24 hours 70. BIRTHPLACE (State or Toreign 9. COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? signed by the attending physican and campletely filled in by burial-transit permit. Then please remave carban papers. MARRIED NEVER MARRIED (quntry) burial, cremation, or removal, and in any event, within 72 DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OF TOWN OF DEATH 12b KIND OF BUSINESS OR The law requires that the death certificate be executed within during most of working life, even if retired) give street pddress) WashinaTon 13d. INSTOE CITY LANTS? (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY O 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost Bolton Elizabeth ams 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ar unknown) (If yes give war or dates of service) 23-38-1818 APPROX MATE INTERVA 38. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY 6+40+3 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) r this certificate has been si detached far use as the b ite Dept af Health priar ta b 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO F Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while of work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased fram... 1960, and that in (my) (au) apinian death occurred an the date and haur and fram the saw the deceased alive an_ shauld director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DEGREE 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, .1968 Providence Meth Kemptown. Md ADDRESS 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 [4] 30M REV, 1/68 Olin L. Molesworth, Damascus, Md. DATE MAR 1968 Miles whan Judgeton



14268 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 34254 DECEASED NAME M.ddle Lost 20. DATE OF DEATH First burial, crematian, or remaval, and in any event, within 72 haurs after death Month 3 (Type or print) . 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (In years signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages lost birthdoy) MONTHS DAYS HOURS The law requires that the death certificate be executed within 24 haurs 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED papers. country) DIVORCED [10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) JINDUSTRY, hon home 13d INSIDE CITY EIMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Patrick Mc Lanahlin Moss 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Go Address i um 4 come Yes, no, or unknown) (If you give wor or dates of service) Brown Adolohi Maryland APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) A CONSEQUENCE OF DUE TO, OR AS Conditions, if ony, which gove) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNUSCANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to a 1%, DATE OF OPERATION 20a. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? U YES TI NO 🗔 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 of Port 2, Item 18.) TOR CONTRIBUTING (T) CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJJRY OCCURRED / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County Slote City or Town OFFICE BUILDING, ETC White Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an , and that in (my) (out) opinion death accurred an the date and have and fram the causes stated above, (I) (we) (did) (denot) view the bady after death 22b. SIGNATURE 22c DATE SUGNED **ATTENDING** STAFF DIRECTOR PHYS 22e ADDRESS 22d PHYSICIAN S NAME (Type) 23d LOCATION Kity or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE (County) ,REMQVAL (Specify) Washington. Glenwood Cometery 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4] 30M REV. 1, 68 DATE MAR



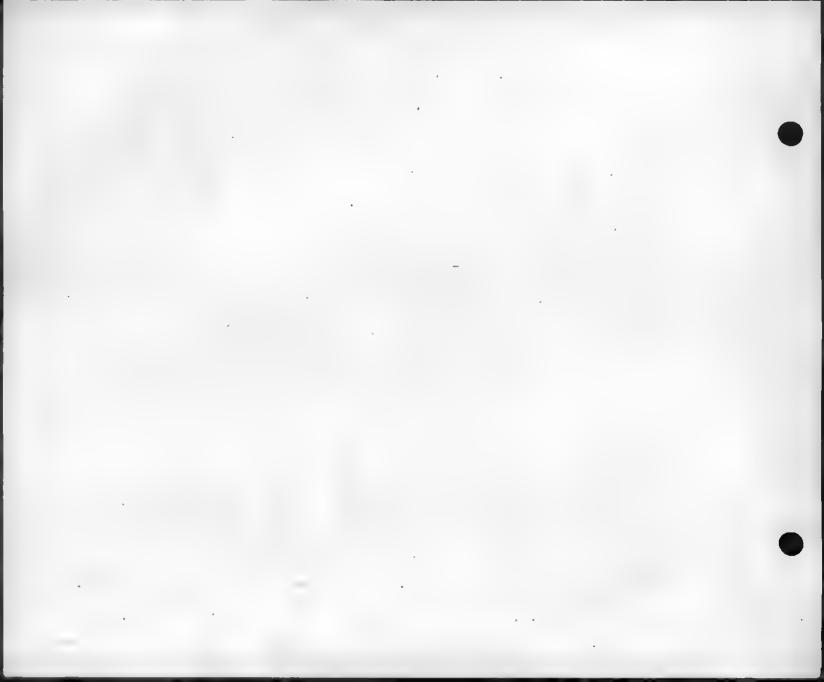
MARYLAND STATE DEPARTMENT OF HEALTH 04269 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR 3 Month 2G Day / Plear (Type or print) the funeral 4. RACE 6 AGE (In years 3 SEX remuires that the death certificate be executed within 24 hams after last birthday) ofemale 7a BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Essa Jary land. WIDOWED [DIVORCED montgomere 12a USUAL OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR To 21 Co during most of working life, even if retired) Silver Spring remove carban any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 1 13b. COUNTY BelTsu Evan TRAL 11324 14 FATHER'S NAME First Last ARRY BROY hen please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknown) (If yes give wor or dates of service) mother APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit p rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tar use as the b Health prior tab has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO . O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 216. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY \ 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 3/24, 19 68, to 3/24/1, 19 68, that (I) (we) lost sow the deceased alive an 3/24, 19 68, and that in (my) (our) opinion death occurred on the date and from the causes stated above, (1) (we) (did) (did hat) view the body ofter death 22c DATE/SIGNED 22b, SIGNATE ATTENDING director, page 3 shauld be filed v DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S 1040 Univ. Blvd. Silver Spring. NAME (Type) Murray Paul 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23b DATE 23d. LOCAT ON (City or Town) Gate of Heaven Cemetery Silver Spring, Maryland REMOVAL (Specify) 4/10/68 Buria 25b REGISTRAR'S 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68

4/4/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME 20 DATE KNOWN Yeor (Type or Print) UFne 500 DEATH MATED ny delay is 6 AGE [in years 4 RACE 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 70 YR N. To BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH MONTGOMEI WIDOWED [DIVORCED [7] 0 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 SJA, OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR during most of working life even if retired) Germantonn 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM To? 13e STREET AND NUMBER 1 (36 COUNTY Montgomess) Germantown YES INON lond 2 in Item 1 after 14 FATHER'S NAME unnell Gentie Baker Examiner's pages 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 212-14-8643 Mrs Myrtle Leah Burnell, Germantown, Md. APPROX MATE INTERVAL BETWEEN ONSET AND DEATH -18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY-Insufficency Acute. IMMEDIATE CAUSE (a) COFONZI Sudden Conditions, if only, which gove rise to immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 21d EXTERNAL CAUSE WAS 21b. T ME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town **County** State factory, office building, etc.) WHILE NOT WHILE O Inquiry X1. and in my opinion Natural couses X. Acadent . Suicide . death resulted fram Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER may **EXAMINER'S** 5 may O FUNE Health John G. Ball, M.D. ADDRESS(Street, cty Bovt broomdia. NAME (Type) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Upper Seneca Baptist Cedar Grove, Md. 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE Olin L. Molesworth, Damascus, Md. VR ATSME (5) 10M REV 1768 manil A



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2a. DATE KNOWN LTH DEPT. L DECEASED NAME Year ESTI-(Type or Print) DEATH MATED 6 AGE (In years IF UNDER 24 HRS 4. RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD YR5 70 BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED Poges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION/(Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) Give 130 USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c SITY OR TOWN 13d NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Months and 2 tem | 14. FATHER'S NAME 1., CHCLAS 16g WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT pencil (Yes, na, or unknown) 18-12-6435 Ee within APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSC! AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE (AUSE (a) Pulmonary insufficiency DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) due to severe emphysema, bilateral nse to immed ate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? YES 🗙 21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 18.) 21b T ME OF INJURY Month, Day, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 211 JOCATION Street or R.F.D. No. City or Town State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autapsy X Inspection X, Inquiry 📉 and in my apinian Natural causes Accident Surcide Undetermined manner death resulted from-Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER M Health **EXAMINER'S** John G. Ball, M.D. NAME (Type) ADDRESS(Street, cty, town, or county Be thesda. 50 230. BURIAL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Mar.6,1968 Mt. View Purdum. Md. 24 FUNERAL DIRECTOR **ADDRESS** 250 REC D BY REGISTRAR 25h REGISTRAR'S SIGNATURE Molesworth, Damascus, Md. VR A15ME (5) 10M REV 1768



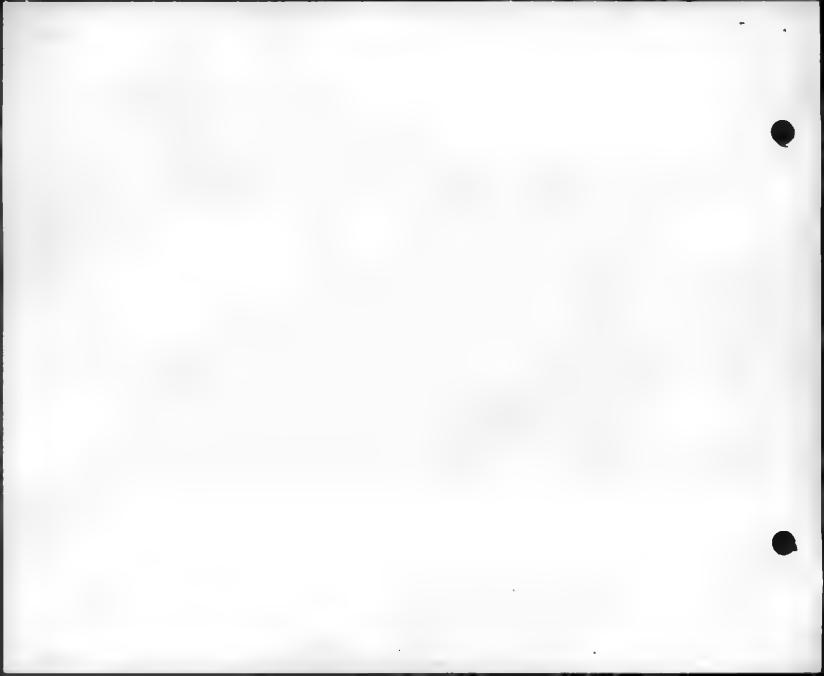
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nece	2 E E	23	da BURIAL, CREMA		DATE	23c NAME OF	CEMPTERY	OR CREMATORY	23d	LOCATION (City	ar Town)	Z(Caunty)	(51	ate)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) JOHN IF UNDER 24 HRS 4 RACE FUNDER 1 YEAR 3 SEX 6. AGE (in years last birthday) 10-28.05 male 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED (NEVER MARRIED (andiana) WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kold of work dome 125 KIND OF BUSINESS OR during most of working life, even if retired.) give street address) the ottending physician and completely sit permit. Then please remove carbon 13e. JSUAL RESIDENCE (Where deceased fived, if institution, Residence before 13c_CITY OF TOWN 13d INSIDE CITY LIMITS? 136 STREET AND NUMBER 13b_COUNTY, NO crematian, or removal, and in any 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Jurto N wward 16g. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no Jar unknown) I (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) RIGITO VC BETWEEN ONSET AND DEATH VENTRICULAR DUE TO, OR AS A CONSEQUENCE OF Candit ons, if any, which gave) CVERE HYPOVENTILATION burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CKWICK PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the TO FUNERAL DIRECTOR: After this certificate has been CORDNARY ATHEROSCLUROSIS 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of mjury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While hat while at wark at wark 22a. I certify that (I) (this hospital) attended the deceased from DEC, 27, 1944, ta MARCIE 1968, and that in (my) (our) apinian death accurred an the date and haur and from the ploods 3 should causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING 3-8-68 DEGREE DIRECTOR 5009 Del Ray 22e ADDRESS PHYSICIAN S directar, po NAME (Type) ROBERT G. ANGLE Bethesda. Maryland Rockville, Maryland (Stote) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL, CREMATION, Burial (Specify) Rockville Cemetery PUMPHREY, Bethesda, Maryland 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DATE MAN 1968



DECEASED-NAME

MARYLAND STATE DEPARTMENT OF HEALTH

Middle

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH		, fo 11
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BUTLER	March Month 19 Doy 19	68 9:25
5. DATE OF BIRTH	6. AGE (In years IF UN	DER I YEAR IF UNDER 24 HE

(Type or print)	Minn	ie	Anne	BU	TLER		March	Month	19 Doy	1968	a	:25%
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FATHER'S NAME	First	Middle	Denton	15. A	NOTHER'S MAID				Middle		Perr	У
o WAS DECEASED EVE Yes, ngyor unknown)	ER IN U.S. ARMEI	D FORCES? or dates of service)	16b. SOCIAL SECURITY N		DRMANT		. 202 . Brien,				71 0	ä
NO				010 .	плетан	M. 0	milen,	1140) Cite		XIMATE INTER	
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Conditions, if only,		(8)	must alo	216	mpa	Laur	u			3	3 W	<<
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PART 2 OTHER SIG	GNIFICANT COND	ITIONS CONTRIB	UTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL D	ISEASÉ OR C	ONDITION GIVEN	I IN PART I	(0)		— V —	
190. DATE OF OPER/	ATION 19b CC	ONDITION FOR W	HICH OPERATION WAS PER	RFORMED	20a AUTOPS	Y?				ONSIDERED IN	CERTIFYIN	G
					YES 🗀	№ 🔀	CAUSES	OF DEATH?				
2 To ACCIDENT WA	CAUSE OF DEATH	HOUR A.M.	Month Day Year		INJURY OCCUP	tRED (Enter	r noture of injur	y in Port 1	or Part 2,	ltem 18.)		
21d INJURY OCCU While Not who of work of wor	RRED 21e. P		(AT HOME FARM, STREET, FACTOFFICE BUILDING, ETC.		TION Street	or R.F.D. No.	City	or Town		County		Stote
22a. I certify	that (4) (this	ve an <u>Ma</u>	tended the decease rch 19 19 (did not) view the l	9 <u>00</u> , and t	hat in (2004)	, 19 <u></u> (aur) api	58_, ta_M nian death a	ar. L	9, 19 on the do	.68_, th ite and hau	at 3(4) (v ir and fr	ve) last om the
22b. SIGNATURE	2 Qu	una	m/ML	DEGREE	ATTENDING PHYS	D	IED IRECTOR	STAFF PHYS		date signed lar. 20	, 19	68
22d. PHYSICIAN'S NAME (Type)			1		22e. ADDRE			-				
(vype)	C.S	CRIMANY	OF TO		Nava	al Hos	spital.	Beth	esda.	Md .		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely findirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon shauld be filed with the State Dept. of Health prrar ta burial, crematian, ar remaval, and in any event, with

TO HOSPITAL OR ATTENDING PHYSICIAM The law requires that the death certificate be executed within 14 hours after death

Pagii 4 may be retainind by the haspital or attending physician.

VR A1E (4) 30M REV 1/68

BURIAL, CREMATION, REMOVAL (Specify) EMOVAL CREMENTS

23b. DATE

S.

3/20/68

14th St., N.W. Washington, D. C.

Hillcrest Cemetery ADDRESS H. Hines Co.

2So. REC'D BY REGISTRAR

Virginia 2Sb REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

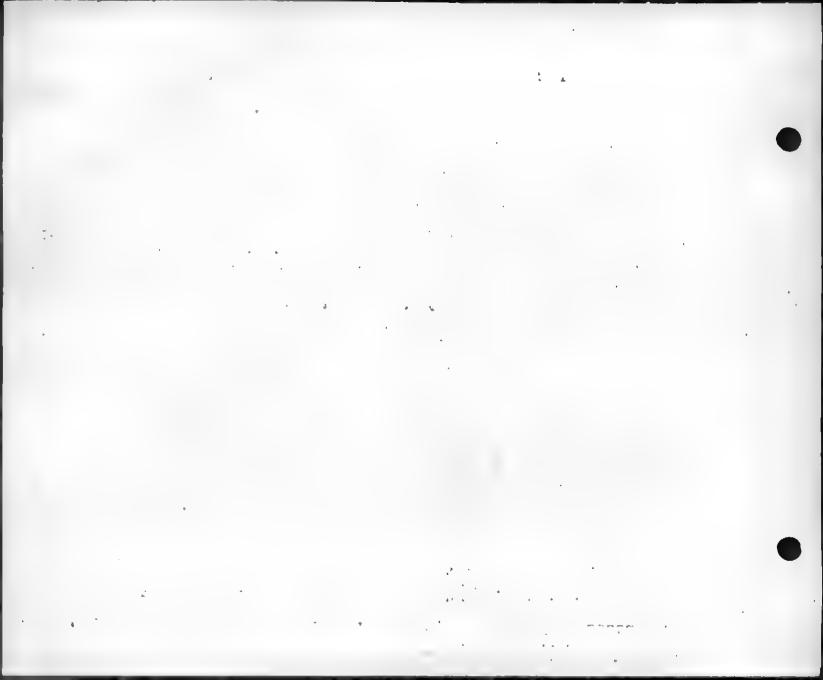
1968

23d LOCATION (City or Town)

Louisa

(County)

(Stote)



death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO NOTETIME OR ATTENDED FORWARD The law requires That the death certificate To example within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

LAILOIT	VIII	IZEOOI	rno!	,01	1 111110	1011 0	445747413	в
C	ERT	IFIC	ATE	OF	DEAT	TH		

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montenamono	a. STATE b. COUNTY
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Silver Spring	Washington, L.C.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
University Myrsingateme	1323 Hemlock St. N.W. VES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year DF DF March 25 10 68
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED	13
MEASU MARKIED MEASU MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	0/20/02 85 yrs.
1Da. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Contractor	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY? Kansas U.S.A.
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME
Joseph P. Cain	Sarah Jane McCain
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 1 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 577-05-3687 J.	Lavid Raab-1475 Waggaman Circle
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	McLean, a. Interval Between
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (A) POPOLAT (UTOL	10130313 11103313
DUE TO GET DOG AC	erio-scleresis l'indepermana
Conditions, If any, which gave rise to immediate	
cause (a), stating the DUETO DOOLI CLO-PING	umania 48kgs
underlying cause last. 3 = (c)	
PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETA	PERFORMED?
2 Diabetes Mellitus.	YES NO YES NO
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA DIE LE	RRED. (Enter nature of injury in Part I or Part II of Rem [58])
	CE DF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. While - Not While - facto	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	
	death occurred at AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF D. 22b. DATE SIGNED
Themeh till M.D	PHYS. DIRECTOR PHYS. Wat 23, 1700
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS OF 20 Georgia CHY
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DUPIES 3/28/68 Cedar Hill	Mausoleum Suitland, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3. H Himen Co Wash D.C	DATEMAR 2 7 1968 Actionles Judge
or resident of	DATEMAR 2 7 1900

VR A15 (4) 20M I/65



MARYLAND STATE DEPARTMENT OF HEALTH

43

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

i.	DECEASED NAME	First	Middle		Lost	20.	. DATE OF DEATH			2b. HOUR
	(Type or print)	Marie	0		Cand		Month	Day	Yeor	8:00 AN
3.	SEX	4. RACE			S. DATE OF B	IRTH	6. AGE (In year	rs IFU		IF UNDER 24 HRS
	Gemale	Whi	te			. 15, 188		YRS. MON	THS DAYS	HOURS MIN
70	BIRTHPLACE (State or fore	eign 7b. CITIZEN O	F WHAT COUNTRY?	8 MARRIED (NEVER MAI	RRIED 9. CO	UNTY OF DEATH			
500	oughkeensie.	N.11 11	1.5. A.	WIDOWED			ontaomeru			Md
10	CITY OR TOWN OF DEATH	11	1. NAME OF HOSPITAL OR IN:	TITUTION (If no	ot in hospital	12a USUAL OCC	CUPATION (Kind of work		2b. KIND OF B	SUSTNESS OR
1:	lver Spring,	Md.	give street oddress) 8811 Colesu	sille 1	Road	during most of	work ng lite, even if reti ne: it lerk, i	red)	NDUSTRY Same	,
113	a. USUAL RESIDENCE (Wher	e deceased lived, if ins	titution Residence before	13c City OR	TOWN	13d INSIDE CITY LIMITS?	13e, STREET AND NUMB			
qd	mission) STATE	13b. COUN	ТУ Таожени	Silver	Snr.	AEZ NO	8811 Cole	wille	e Roar	1
	FATHER S NAME First					AIDEN NAME First	Mid			Last
	Pron	b	Rie	104		Dou	line	-	illest	a i wa h
16	g. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY		NFOR MANT	1 0000	Addr		388-1	PARDA
Ш	Yes, na, ar unknown)	If yes give war or dates of service	578-26-55	576 A	141 EZ	tto kien	er (vister)			
		(Enter any ane cause o	er line far (a), (b), and (c)							ATE INTERVAL ISET AND DEATH
	DADT 1 DC4 TH 1464	C CALICEO DV	Coronary DI		cia mii	th Jutane	tion		Sudde	
	410.0	1	OR AS A CONSEQUENCE OF	W.OEI/OS	MARKET WOLD	M. The Week	CALVIII		CHIMAC	7.6
1	Conditions, if ony, while	ch gove)								
	rise to immediate cou		OR AS A CONSEQUENCE OF							
	stating the underlying last.	CONZE	or re a consequence or							
1	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINA	AL DISEASE OR CONDIT	TION GIVEN IN PART I(o)			
	1971 Senili	t.,								
Ž	10 047-05 00-1700		R WHICH OPERATION WAS PE	RFORMED	20a AUT	OPSY?	20b IF YES, WERE FIND	INGS CONST	DERED IN CE	RTIFYING
CEDTIFICAT					YES (] NO [CAUSES OF DEATH?			
9	210 ACCIDENT WAS UN	IDERLYING 21b. TIM	AE OF INJURY	21c. HC	OW INJURY OC	CURRED (Enter notu	ire of injury in Part 1 or P	ort 2, Item	18.)	
AFRICAL	GONTRIBUTING CAR		I.M. Manth Day Year							
ME	· K Z G. PULTERT UULUKKED	21e. PLACE OF INJU	IRY (AT HOME, FARM, STREET FA		CATION Stre	et or R.F.D. No	City or Town	(c	ounty	State
	While Not while at work	ן נ	₹ OFFICE BUILDING, ETC	- 1			·			
	22a certify that	(I) (this haspital)	attended the deceos	ed from Qa	15	, 1957_	, to March 21	, 1960	, that	(I) (we) las
2	30 saw the dece	osed olive an Ma	rah 21	1920, and	d that in (n	ry) (aur) apinion	death occurred an t	he date o	ınd haur a	ind from the
		above, (i) (we) (c	ld) (did not) view the	body offer o	death. (9:00 Hor.		00 0175	C1041-D	
П	22b. SIGNATURE	, 6	000	V7 000	ATTENDI	NG MED	STAFF	22c. DATE	SIGNED	10/
	Auxago	6	mes m	DEGR	Et PHYS.	DIRECTO	OR L PHYS. L	3	19110	-/
L	22d. PHYSIC AN S NAME (Type)		MS) Pershine	5 (• 1			. 1
100	- Dilpiai cortaation	23b DATE	23c. NAME OF	CEMETERY OF			i. LOCATION (City or Town		ounty)	(State)
Z3	o BURIAL CREMATION, REMOVAL (Specify)	4/ 1 ==						,		` '
24	I. FUNERAL DIRECTOR	March 23	A STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSO	Mr. I		250 MATA RY 100	Silven Son Signar 1968 Sb. REGIS	TRARS SIGN	MATURE:	Ma.
1/1	_ \.4.0	nch E. Wiscomphreu. In	c., Silver	graia	4.18	DATE	1300	ways.	to Jus	ye
15.7	THE THOUSE IN A 1 PL	my recover with	₩ # E1442187	177717 1866	1 . 1102	DAIL	1 '		C/	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by Melfurnies director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers—Pages—Mad should be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after deet nffer haur TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician. VR A15 (4) 30M REV. 1/68 04276



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR requires that the death certificate II mxecuted mithin 24 hours after death. (Type or print) Year BERTHA ELIZABETH CARTER 68 5 DATE OF BIRTH HE UNDER I YEAR 4. RACE 6. AGE (In veors IF JNDER 24 HRS 3. SEX lost bigthday) MONTHS HOURS FEMALE 11-22-07 WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) NEW YORK USA MONTGOMERY WIDOWED [DIVORCED X 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) grye street address)
MONTGOMERY INDUSTRY remove corbon OLNEY GENERAL RETIRED NAVY DEPT. 13e, STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13b. COUNTY NONE HOWARD RYLAND DAYTON 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost CORA Louis J. LONG JOHNSON please puo 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) [(If yes give wer or detes of service) MEDICAL RECORDS DEPT. en 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the offending PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit permit. Conditions, if ony, which gave) nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b O FUNERAL DIRECTOR: After this certificate hos been os the 20b of YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY2 CAUSES OF DEATH? YES I NO I detached for use te Dept. of Health 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 23e PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21F. LOCATION STREET or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram. 3/3/1957, ta 3/28, 1967, that (1) (we) last saw the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death. 3/3 , 1954, to 3/28, 1967, that (1) (we) last Poge 4 moy be retained director, page 3 should should be filed with the 22c DATE SIGNED 22b. SIGNATURE S. Whiraker, B. D. DEGREE ATTENDING PHYS MED 22e. ADDRESS 22d. PHYSICIAN'S O HOSPITAL NAME (Type) CHARLES S. WHITAKER, M. D. CLARKSVILLE. MD. 23c NAME OF CEMETERY OR CREMATORY 23d. ¿OCATION (City or Town) (Stote) 236. BURIAL, CREMATION, 23b. DATE (County)

Ellicott Eily, Md

40WARD

1969. REGISTRAR'S SIGNATURE

250 REGO BY REGISTRAR

DATE

VR A15 (4) 30M REV. 1/68 REMOVAL (Specify)

Higinbottom Slack

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 34275 CERTIFICATE OF DEATH 2g. DATE OF DEATH DECEASED-NAME Middle 25 HOUR First Last (Type or print) 6. AGE (in years last birthagy) 3. SEX BATE OF BIRTH IF UNDER I YEAR IF JNDER 24 HRS event, within 72 haurs after law requires that the death certificate be executed within 24 Hours after MONTHS signed by the attending physicion and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED IL NEVER MARRIED country) DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSUAL OCCUPATION (Kind of workscane IO. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR give street oddress), during mast of working life, even if ret red) INDUSTRY PRING D. MERCHINKE 3e STREET AND NUMBER admission) STATE cremation, or removal, and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Middle SAMUEL CHANE WOOD MAR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates at service) 78-26-1755 MARGARET GEORGE CSAME APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s far use as the t f Health priar tab Page 4 may be retained by the haspital or attending 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YES 🔲 this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) be detached (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING, ETC While Not while at work at work L O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceosed from 1967, to made 23, 1967, that (I) (we) lost saw the deceosed alive on 271968, and that in (my) (our) opinion death accurred an the date and hour and from the Serve, 1967, to march 23, 1967, that (1) (we) lost 3 shauld couses stated abave, (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. DEGREE director, page should be filed PHYS. 220 ADDRESS 22d PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY ((County) (Stote) 23g. 8LR AL CREMATION. REMOVAL (Specify) 27-68 SACRED HEART WHITE MD. MARSH ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR WASH VR A15 (4) + 3821-147-57.N.W. 30M REV. 1/68__ DATE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

			`						.//	3 47
	CEASED-NAME First		Middle	_	Last	2a. I	DATE OF DEATH			25 HOUR
	ype or print) A 1+	^ ^/	Burton	(-1	35E/	M	ARCH	26 Doy	1968	5-63 M
3. SI	X	4. RACE	-9 -: /L / S /P		DATE OF BIRTH		6. AGE (In	years	IF UNDER I YEAR	IF JHDER 24 HRS.
	MAIR	w/h.	ite.		MARCH:	3, 190	lost birthe	loγ) M P YRS.	ONTHS DAYS	HOURS MIN.
	BIRTHPLACE (State or foreign	76 CITIZEN OF WE	IAT COUNTRY?	8. MARRIED X	NEVER MARRIED	9. COU	NTY OF DEATH			
COU	MARY/AND	U.	5.4.	WIDOWED 🗌	DIVORCED		Montejo	mer	4	Md
10 (ITY OR TOWN OF DEATH		AME OF HOSPITAL OR INS		dum	USUAL OCCU	PATION (Kind of wo	rk dane	125 KIND OF E	BUSINESS OR
	AKemA PAR	K h	Ashington	SAN. T	17050 11	ce P	Res. Call	4 mhic		1 beard
	USUA. RESIDENCE (Where deceo:		ion. Res dence before	13c CITY OR TO			13e STREET AND NU	IMBER		
GOIL	MARY Innet	13b COUNTY		HYAHS	VIIIe YES	NO [102 31	1199	5 Re	40
14	FATHER'S NAME First	Middle	Yost	15. A	NOTHER'S MAIDEN NAM	WE First		Middle		Last
L	William		CISSE/		Ida				140	K
160	WAS DECEASED EVER IN U.S. ARE (es, no, or unknown) till yes give i	AED FORCES? ear or dates of service)	16b. SOCIAL SECURITY N		DRMANT		n .	Address		
	No		578-03-	1944	HOSPITAL		ecend		100000	IATE INTERVAL
	18. CAUSE OF DEATH (Enter on					1 .	. 11	1		ISEE AND DEATH
	PART I DEATH WAS CAUSE IMMEDI	ATE CAUSE (0)	cute PI	MONAY	edema	CATA	hovas, ca	APSR	30	MINS
	4/21	DUE TO, OR A	AS A CONSEQUENCE OF			, .	• .	` '		
	Conditions, if any, which gove rise to immediate cause (o),	(b) Pr	terios clere	tic ep	raio virscul	nr di	SEAKE_		10	445.
	stating the underlying couse	DUE TO, OR A	AS A CONSEQUENCE OF							1
ш	last.	(c)			· · · · · · · · · · · · · · · · · · ·					
	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE	OR CONDITIO	ON GIVEN IN PART 1	0)		
S	4 -,									
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20o. AUTOPSY?		20b. IF YES, WERE F	INDINGS CON	ISIDERED IN CE	RTIFYING
RTFI						0				
	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA			21c. HOW	INJURY OCCURRED (I	Enter nature	of injury in Port 1	ar Part 2, Ite	m 18)	
MEDICAL	(If either, natify medical exami	ner) P.M	19							
Σ	21d. INJURY OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, FTC.	TORY,) 21f. LOCA	TION Street or R.F.D.	. No	City or Town		County	State
	EUL WULK UT WULK 1					0.13		10	6 4 1	(b) ())
	22o. I certify that (I) (the saw the deceased of	is haspital) atta	ended the deceose	ed from	hat in (my) four)	opinion c	10 NAMACA	2 to date	and hour	(I) (we) las
	couses stoted above	e, (I) (we) (did)	(did not) view the l	oody after de	ath.	opinion	Jean Occorred 6	ii iile uule	s uno nour c	MO HOILING
	22h SIGNATURE	1.61	//			Hrn	CTAFF		TE SIGNED	
	Mohen B.	MI Com	m m	D DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF C] 3/	26/68	
	22d. PHYSICIAN S NAME (Type) Robert	7 A. W	C Ornick		22e ADDRESS		E 11 13	itsville	110	λ.
	NAME (Type) Kober	/ 11, 11		\	1 213	agell			101	O -
230		DATE	23c NAME OF			23d	LOCATION (City or To	A //	(County)	(State)
13	- V (10 10 10 10 10 10 10 10	MAR 9	18 FORT	LINCOL	NCEM	(6	LMAR	MAIV		ND
24	FUNERAL DIRECTOR	1	ADDRESS	11	m 250. REC	BY REGIS	STRAR 968 2Sb R	EDISTRAR S S	GNATURE	ge.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate nos been signed by the attending physicion ond completely filled director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon page should be filed with the Stote Dept. of Health prior to burial, cremotion, or removol, and in ony event, within X Page 4 may be retained by the hospital or attending physician.

34278



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle . DECEASED-NAME First 20. DATE OF DEATH 25. HOUR (Type or print) Month 22 Doy COM 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years iast birthday) HOURS W'LITE 11-28-95 7a BIRTHPLACE (State or fareign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. Married 🦳 Never Married 🔀 country) U.S.A. paper WIDOWED DIVORCED [law requires that the death certificate be executed within 24, signed by the attending physician and completely filled burial-transit permit. Then please remove carban pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 120, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired) ECTY. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 136 STREET AND NUMBER odmission) STATE 13b. COUNTY and in any First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost LOWARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Nes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.

1MMEDIATE CAUSE (a) 5 crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been as the 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO FT O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A M Month Doy Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY # AT HOME, FARM, STREET FACTORY, 21f LOCATION Street or R.F.D. No. City or Town Egunty Stote While Not while of work 22a. I certify that (I) (this haspital), attended the deceased from saw the deceased alive an 22 mach 196 (and that in (my) (aur) aprinian death accurred an the date and haur and from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 shauld be filed v DEGREE PHYS DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL PREMATION NAME OF CEMETERY OR CREMATORY 23d (Stote) REMOVAL (Specify) REC'D BY REGISTRAR 24 FUNERAL DIRECTOR

VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Lost 20 DATE KNOWN 2b HOJR Year (Type or Point) EST1-OF DEATH MATED X 196 Robert A RACE AGE (In years IF ... NDFR 24 HRS 3 SEX S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR HOURS 1968 male white Year 70 BIRTHPLACE (State or foreign MARRIED SEVER MARRIED 9 COUNTY OF DEATH (country) Montgomery D. C. United States WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Cross Hospital refrig. mechanic Molyry Refrigeration Silver Spring 13d. INSIDE CITY LIMITS? 130 USJAL RESIDENCE (Where deceased lived, I institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odm ssion) STATE Md. 13b COUNNontgomery 2328 Glenmont Circle Wheaton YES -NO land? Item 1 after 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Cooke Warren Spurgeon Nancy Paul Examiner's pages haurs 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT pencil **ADDRESS** be emmmmted within (Yes, no, or unknown) Brother/James/4314 Judith St Rockville within 18 CAUSE OF DEATH (Enter only one couse per permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYpending IMMEDIATE CAUSE (o) burial-transit Conditions, if any, which gave rise to immediate couse (a). This cert ficate shauld the ward stating the underlying couse .⊑ arwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? shauld be 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year O 3 shoule PRIMARY OR CONTRIBUTING IT ਭ 21e PLACE OF INJURY 21f LOCATION Street or R F D No Poge FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described obove, held on Autopsy Inspection 1 the funeral director. death resulted frems: Natural causes Suicide XI Undetermined manner ACTUAL 22b DATE SIGNED SIGNATURE pe may Health 0 BUR AL CREMATION 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) Hill Cemetery REGeorgia Ave. 250' REC D BY REGISTRAR VR A15ME (5) 10M REV 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

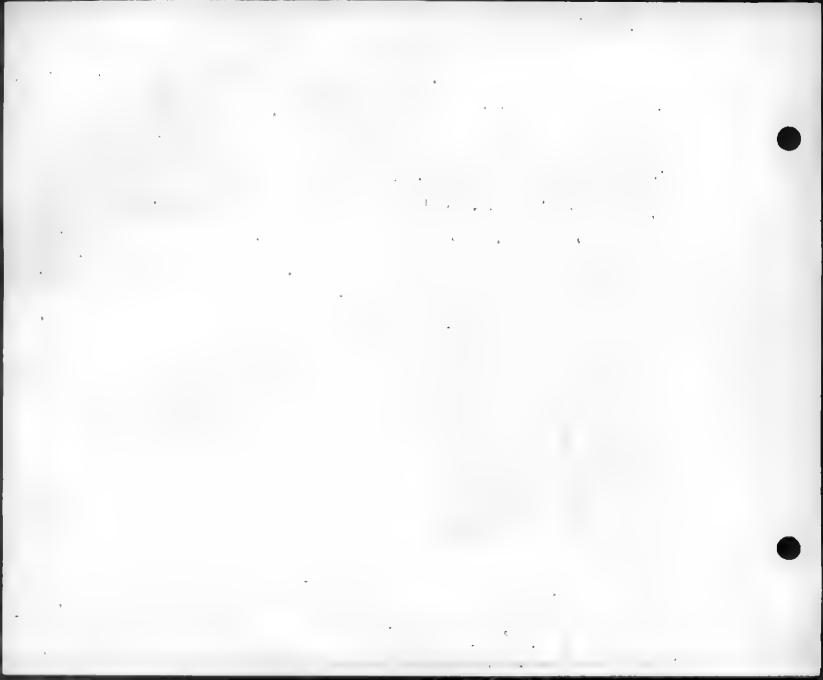
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	ECEASED NAME	First		Middle		Lost	20	DATE OF E			2b. H0	OUR
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3 SE	X		4 RACE			S. DATE OF BIRTH			6. AGE (In years	IF UNDER A YE		MIN MAN
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70. I	BIRTHPLACE (Stote o	r foreign	76. CITIZEN OF WH	IAT COUNTRY?	B. MARRIED	NEVER MARRIED	9 CO	UNTY OF E	DEATH			
.041	MARYLA	ND	USA		WIDOWEE	DIVORCED [J 1	MONTO	OMERY			Md
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_	ETHESDA			NAV					e even if retired	1) 1100316	PRIVA'	TE
			ed lived, if instituti	on Residence before	Y		IDE CITY LIM.TS7		ET AND NUMBER			
	M	ARYLANI		MARY'S		NGTON PARK		308	SWANEE	PLACE		
4	FATHER'S NAME	First	Middle	Lost		IS MOTHERS MAIDEN I			Middle		Lost	
		G.	W.	BOURNE			MARI	AN			POWELL	
160. Y	WAS DECEASED EVI (es, no, or unknown)	R IN U.S. ARM If yes give wi	ED FORCES? or or defes of service)	16b. SOCIAL SECURITY I		INFORMANT				LEXING	TON PA	RK,
N	0					CHARLES D.	_COX	308_S	WANEE P		MD. PROXIMATE INTERVA	
		ATH (Enter onl H WAS CAUSED	y one couse per lim	e for (a), (b), and (c))				4		EEN ONSET AND DEA	
	PART I DEAL	IMMEDIA	TE CAUSE (o) ACT	TE MITRAL	VALVU.	LITIS						
DUE TO, OR AS A CONSEQUENCE OF SYCHEMIC TUROMPOSTS												
rise to immediate couse (a), stating the underlying couse (b). OR AS A CONSEQUENCE OF (c)												
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)												
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OF URE PRODUCE OF INJURY 12 OF POINT 2 TO POINT 2 T											N CEPTIEVING	
FE	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES 206. IF YES, WERE FINDINGS CON YES IN NO CAUSES OF DEATH? YES										ii cckiii iiiio	
CERT	21o. ACCIDENT W	S UNDERLYIN	G 1216 TIME OF	INIURY	210	HOW INJURY OCCURRED		re of inning		_		
MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Doy Year		TOTAL TOTAL OCCURRED	fritto. Motor	is or injury		2, 110111 12.7		
MED	(If either, notify n 21d. INJURY OCCU	RRED 21e.		TAT HOME, FARM, STREET, FAI		LOCATION Street or R.	F.D. No	City o	r Town	County	Sto	ote
	While Not wh	110	- All U. Mayori	OFFICE BUILDING, ETC.	/					200111	310	
			s hasnital) atte	nded the decense	ed from	DOSE RUMARY	219 68	to MA	RCH Z.	19 68 t	hat (IX/we) Inst
	saw the	deceased al	ive on MARCI	1_41	968, 0	nd that in (Anii) (ai	ur) apinian	death ac	curred an the	date and ho	our and from	n the
		ated abave	, <u>()()</u> (we) (did)	(driving) view the	bady after	death.						
	22b. SIGNATURE	1/2	/ (ATTENDING C	MED.		STAFF (C)	2c. DATE SIGNEE	}	
	22d. PHYSICIAN'S	7) (m)			DEC	FREE PHYS. L	DIRECTO		11113.			
	NAME (Type)	R. D.	GASKINS			NAVAL H	OS IMA	L. BE	THEODA.	MARYLA	ND	
	BURIAL, CREMATIO		ATE	23c NAME OF	CEMETERY O	R CREMATORY			(City of Town)	(County)	(Stote)	
-	URIAL (Specify)					METERY			ON, TENN			
24	FUNERAL DIRECTOR	Joseph	Gawler	Sons Fune	ral H	ome	REC'D BY REG	istrar 3 1961		IR'S SIGNATURE	of the	
7	557 Wise			V. Waching			MAR 8	100		9	U	

TO FUBERAL BIRECTOR: After this certificate has be≡n signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death VR A15 [4 30M REV 1

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24-Mours after deoth.

Page 4 may be retained by the hospitol or attending physician.



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MARYLAND STATE DEPARTMENT OF HEALTH

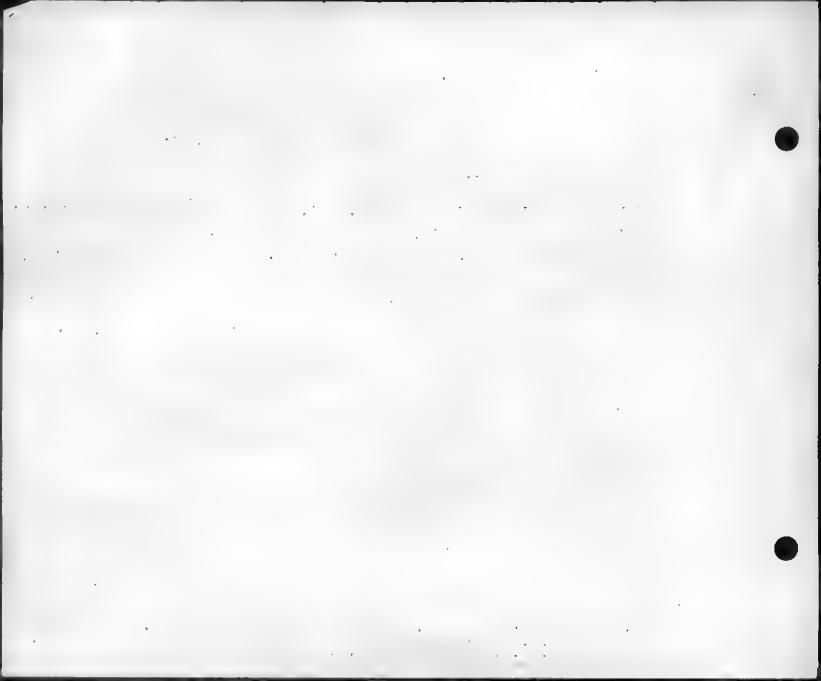
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

н						(CERTIFICA	ATE OF I	DEATH			Age	1 14
1		CEASED-NAME ype or print)	Fan	First n (C)	L	ETITIA	Critt	lost ende			(68 Year	26. HOUR 6 30 PM
3	SE)	× F		4. F	RACE \	\sim		S. DATE OF BIR	3-70	6 AGE (In lost birthd	gy) YRS.	IF UNOER 1 YEAR MONTHS DAYS	HOURS MIN.
(ליונק ליינק	IRTHPLACE (STO	19 (ul		le	IAT COUNTRY?	WIDOWED 5	4	ED 🗍	Maritgen		-	Md
	B	TY OR TOWN O	da-	/	give s	AME OF HOSPITAL OR INS Street oddress)	/		during most	of warking ite, even if i	etired)	126 KIND OF INDUSTRY	BUSINESS OR
, a	dmu	ssion) STATE	عمدكر_	leceosed live	SPUNITY		Wooh	D.C	YES NO	2730 Wi	scon	sin A	ve. N.
		ATHER'S NAME			M.ddle	57cc7	7.	Hann		within Do	Addie		Last
3		WAS DECEASED es ng, er unkno		S. ARMED FOI is give wor or date		166 SOCIAL SECURITY I		CA17 - (Critten	idea- 273	ddress		
			EATH WAS	aused by. Mediate cau	SE (o)	ne for (o), (b) and (c)	1 4	Dege	nerati	orī			IMATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove) (b) Arterioscleratic Heart Diseases (b) Arterioscleratic Heart Diseases (conditions, if any, which gove)											
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c) At to 1:10 Scle to 515											
	× I	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
×	CERTIFICATION	19a. DATE OF O				SCH OPERATION WAS PE		20a. AUTOP	NO 🗀	20b IF YES, WERE FI CAUSES OF DEATH?			ERTIFYING
	ਤ	21o ACCIDENT OR CONTRIBUT (If either, noti	ing □ CAUSE fy medical e	OF OEATH	216. TIME OF Hour A.M. P.M.	Manth Day Year	,			sture of injury in Part 1 o	r Port 2, It		
			wark wark			(AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC				City or Tawn		County	Stote
		22o, I cert sow t cause	ify that (I ne deceas s stated o) (this has ed alive a bove, (i) (pitol) atte n(did)	ended the decease (did not) view the	ed from 9 60, and body after d	that in (my eoth	, 19) (өвт) opinid	_, to, to	, 19 <u>.</u> n the dot	e ond hour	i (I) (we) lost and from the
		4.	ly 1	That	1734	the M	DEGRE	- 11(15,	DIREC		22c D	ATE SIGNED	
		22d. PHYSICIA NAME (T)	N8 11 }	RTH	POS	T BAKE		22e. ADDR /- 3	5 111	PIAKUS7		2000	
	C	BUR AL, CREMA REMOVAL (Spe TEMBE	ion	3/22		23c NAME OF		In Cre	matory	3d LOCATION (City or to	eore	(County) '	(State)
1	24.	FUNERAL DIRECT	oThe 4th		Hin	es College Washingt	מי מי	1	2So. RECD BY R	HIGHSHRARKO CORSB RE	GISTRAR S	SIGNATURE	Mg.

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in ony event, within 72 hours after death. VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that thin death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.



-: (1)		Items 5 & 6 Filmivision of vital records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(1/1)		CERTIFICATE OF DEATH	No.
death.		DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOU (Type or print) Month Day Year 32	R
death and death		HNN E (ROGHAN MARH 22, 116A 10)	M
within 24 haups after dear ly filled in by the tupera ban papers. Pages I and within 72 haurs after dea	3 S	lost birthdoy) MONTHE OAYS MOURS N	RN.
aurs age	70.	FEMALE V/H/TE 6/5/247 YRS. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
in l Press. 2 ho		New YORK U.S.A. WIDOWED DIVORCED MONTGOMERY	Mid
PHYSICIAN: The law requires that the death certificate be executed within 24 haups be hospital ar attending physician. This certificate has been signed by the attending physician and completely filled in by estached far use as the burial-transit permit. Then please remave carban papers. Propept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs.	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR	HILL
oe executed within and completely fill remove carban promote fill any event, with		BETHESDA give street address) Suburband during most of working life, even if retired) INDUSTRY MERCET HOMAS	-
omplete	13a	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIGN CITY LIMITS? 13e STREET AND NUMBER	_
company / 5		MARYLAND MONTGOINERY BETHEODS YES NO 4998 BATTERY LANE	
aguires that the death certificate be exerphysician. signed by the attending physician and α burial-transit permit. Then please rema burial, crematian, ar remaval, and in any	14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
icate be sician c please il, and ir	1/4-	WAS DECEASED EVER IN U.S. ARMED FORCES? 1665. SOCIAL SECURITY NO 17 INFORMANT Address	_
ertificate b physician sen please saval, and i	100	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng/pp/lipknown) (If yes give wor or dotes of service) 16b. SO(IAL SECURITY NO 17 INFORMANT Address WKNOWN DONALD ABBOTT RENSTING TON MC	
ph)		APPEGAMATE INTERVA.	-
ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	_
attendi permit. Ian, ar r		IMMEDIATE CAUSE (a) Metartatia adamoesreinoms to liver (Massive) 1522 Due To, or as a consequence of	
the a		Conditions, if any, which gove	
quires that the physician. signed by the burial-transit burial, cremat		rise to immediate cause (a), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
equires the physician. signed by burial-tran		lost. (c)	
phy phy sign buri buri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ICIAN: The law repital ar attending rificate has been defar use as the of Health priar to	공	13 , ,	
The la attence that be as se as the priad of	CERTIFICAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
tration at the half half half half half half half half	E E	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 4 or Part 2, Item 1B.)	_
IAN Ital o Ificat for for far			
G PHYSIC the hospi this certi detached e Dept. o	MEDICAL		_
PH ne h this etac etac	П	While Not while of work of work	
OR ATTENDING PHYSICIAN: 16 be retained by the hospital arms. WRECTOR: After this certificate e 3 shauld be detached far used with the State Dept. of Healt	П	220. I certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and haur and from	ost
ed be	П	saw the deceased give on A (did) (did not) view the body after death.	ihe
ATTA HE SHEET THE SHEET TH	1	22b SIGNATURE 22c DATE SIGNED	
OR Se re	L	DEGREE PHYS DIRECTOR DIRECTOR DIVISION DIRECTOR DIVISION DIVISIONI DIVISION DIVISION DIVISION DIVISION DIVISIONI DI	
rAL Day bage page		22d. PHYSICIAN'S PARTY PROPERTY OF THE PROPERT	2,
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the purial of the state Dept.		NAME (Type)	AP.
Bg age	23a	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	7
5 5 5 £ 2	154	FUNERAL DIRECTOR 2 1 23-1968 Holy Cross Complaint Stackscomme Maco York	
VR A15 (4) 30M REV 1/68	24.	W.W. Chambers 6 1400 chopin work D & DATEMAR D 9 1988 1 Charles Judge	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR (Type or print) Lerman har IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years GAYS last birthday white 3-4-1886 male 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) USA DIVORCED [maryland WIDOWED [montgomer 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind af work dane 12b KIND OF BUSINESS OR during most of work ag life, even if retired.) INDUSTRY 13a USUAL RESIDENCE (Where deceased lived if institution; Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 3d INSIDE CITY LIMITS? admission) STATE 13b COUNTY Washington YES 🔽 14 FATHER'S NAME Eirst Middle Last 15. MOTHER'S MAIDEN NAME First Last Wiles Culler Jane William L. Hattery **Dane** 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes no, or unknown) 07 8047 Charles H. Culler, Jr. Bethesda, Md. APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR arterio Salerose Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO E 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this-hospital) attended the deceased from 1-24, 1968, ta 3-1, 1968, that (I) (we) last saw the deceased give an 2-27, 1968, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Myron 23a BLRIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Lutheran Cemetery Frederick wid Middletorm.

2So. REC D BY REGISTRAR

DATE

REGISTRAR'S SIGNATURE

law requires that the death certificate be executed within 24 haurs after deat evenf physician and campl remaye signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, by the hospital or attending physician. as the priar ta O FUNERAL DIRECTOR: After this certificate has been director, page 3

> VR A15 (4) 30M REV. 1/68

24 FUNERAL DIRECTOR

M. R. Etchison & Son. Frederick. Maryland



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND

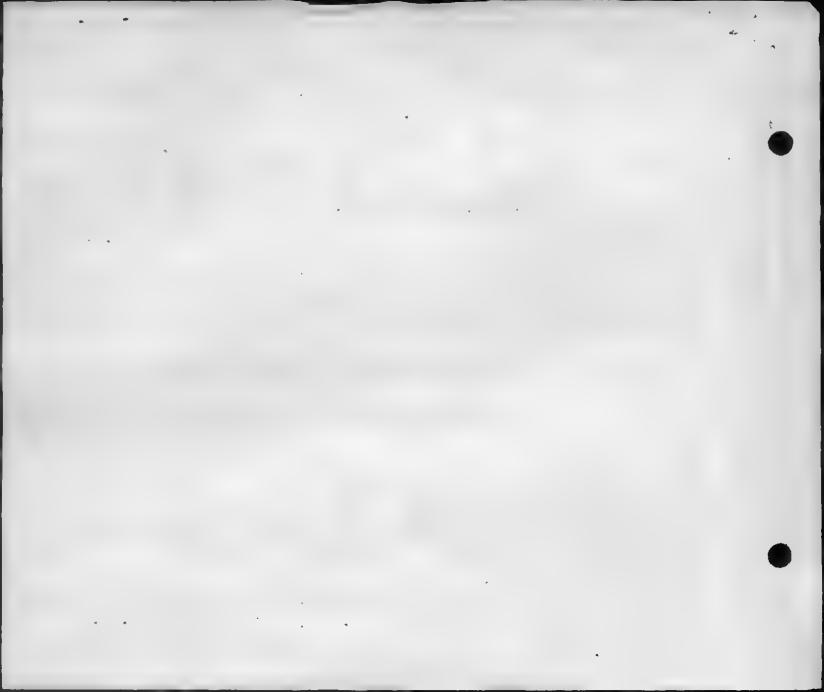
SIUN OF STATISTICAL	KESEAKCH AND	KECUKUS,	301 Y	A' bKE21OL
. 28%	CERT	IFICATE	OF	DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Res	idence before admission)
Montgomery MARYLAND	*. STATE Maryland b. COUNTY M	ontgomery
b. CITY OR TOWN (if autoide corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive neerest town)
Bethesda Yrs.	Bethesda	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	15 RESIDENCE
5400 Pooks Hill Rd.	5400 Pooks Hill Rd.	YES NO W
3. NRME OF First Middle DECEASED (Type or print) FLORENCE	DANIEL DEATH MARCH	18 1968
	DATE OF RIGHT	17610
Female White WIDOWED DIVORCED I	Jan. 20, 1879 89 yrs. Months Da	ys Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRI	Y 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY
done during most of working life, even if retired) Housewife	N. Carolina U	.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Cora Jackson	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II		
(Yes, no, or unknown) (Hyesgive were orderes of service) NONE Mis:	s Etheleen Daniel Same as	item #2
18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC AI	REST _	15 MIN_
DUE TO	11=AD= D. (= AS=	10 400
1 - 1,	ROTIC HEART DISEASE	10 yRI
geve rise to immediate cause DUE TO		10 1100
(c)	ARTERIOSCLEROSIS	15 4/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		YES NO 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF BITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Peri) or Peri II of item 18.)	
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f, (City or town) (Count	y) (Stete) ~~
at work D at wart	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from.	JANUARY 1966 to MARCH 15' 196	that (I) (We) las
saw the deceased alive on MARCH 2 19.5.4, and that		
220. SIGNATURE		/ 22b. DATE / SIGNE
When tolooms "	D. PHYS. DIRECTOR PHYS.	3/18/68 IGNE
22c. PHYSICIANS NAME (TYPE) THEMAS FO'CONNOR M.	9 8218 WISCENSIN AVE, BET.	HESDA, HO
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23e. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county)	(Stefe)
Burial 3/21/68 Woodlawn C	em. Greenville, S.	C.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE SEASON
Robert A. Pumphrey Bethesda, Ma	ryland DATE MAR 2 6 1968	0

death. Page y be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7-62



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CERTIFICATE OF DEATH

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00	o FUNERAL director, po should be f		320	BURIAL, CREMATION, 23	b DATE	73r NAME OF	CEMETERY OR CREMA	TORY	23d. LOCATION (ity or Town)	(County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Lost DECEASED-NAME Middle 2a. DATE OF DEATH (Type or print) Pannie Donnes 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F JINDER 1 YEAR IF LINDER 24 HRS last_huthday) 104; te Genele Oct. 11. 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED | NEVER MARRIED Montromery WIDOWED [77] DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) Silver Spring 13c CITY OR TOWN 13a, USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13d INSIDE CITY JAMES? Marulard 36 COUNTY Mont Tomory Sil. Spr. 12.115 11.11 Dw Ward Axi 10 YES [Y] 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Charles Danier. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes no, or unknown) (If yes give war or dales of service) Bavier 12.115 Willow Vani 12 306-57-1573 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Longestic Conditions, if any, which gave rise ta immediate couse (o),(stoting the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CALSE OF DEATH HOUR A.M Month Day Year P.M. (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram Services, 1962, to 26, 1968, that (I) (we) lost saw the deceased alive an 3-24-1968, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATUR 22c DATE SIGNED ATTENDING STAFF PHYS DIRECTOR . PHYS 22e ADDRESS 22d PHYSICIAN'S NAME (Type)-23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY Cal Hill Centery Coanwille unphroy inc. 8434 a. Ave. S.S.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death O FUNERAL DIRECTOR: After this certificate

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signed by the attending phys.cian and co burial-transit permit. Then please remav burial, crematian, ar removal, and in any o

as the prior tak has been

Health

VR A15 [4] 30M REV. 1/68

directar, page 3 shauld be de should be filed with the State



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Farst Last 2n. DATE OF DEATH 2h HOUR death. neral and (Type or print) SRUHEE (NONE) DAVITIAN 3-5-68 Month Year 4. RACE 3 SEX 5. DATE OF BIRTH IF HINDER & YEAR HE LINDER OF HER 6. AGE (In years haurs after iget durthdoy) MONTHS HOURS White 4-5-05 Female that the death certificate be executed within 24 hours 7b CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign MARRIED 🔀 NEVER MARRIED 🗌 9. COUNTY OF DEATH papers. the attending physician and completely filled in sit permit. Then please remove carbon papers. Armenia USA WIDOWED [DIVORCED [Montgomery event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (f not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Takoma Park & Hosp. 3a LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c City OR TOWNS 2 13d INSDECTLY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Mont odmission Maryland 8900 Walden Road and in any 4 FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Lost John Ayanian Rupega 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 9400 WALDEN Yes, no, or unknown) (If yes give war or dates of service) VONE cremation, ar remayal, Karnig Davitian - Husband SILVER 18. CAUSE OF DEATH (Enter on y and cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) niscardia Reap DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove to burial-transit rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causei PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t Health prior to b has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO I TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Cleared by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while at wark of wark 22a. I certify that (I) (this haspital) attended the deceosed fram 19, ond that , 19 6-8 , that (I) (we) last , to 3-5 and that in (my) (our) aginion death accurred on the date and hour and from the be retained 3 should couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE director, page should be filed PHYS DIRECTOR 22d PHYSICIAN S 22e. ADDRESS SNOW NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Specify) MARCH (EMPLERY mD BLADENS BURG 25e REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A 1400 Chape. 30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME First and 2 death. March Month 14 24 haurs after, death (Type or print) Tarri Deckara RACE S DATE OF BIRTH 3. SEX 6 AGE (In years lost biotoday) OAYS MONTHS 7o. BIRTHPLACE (Stote or foreign 75. CETIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. Montgomer DIVORCED T 12a. USUAL OCCUPATION (Kind at work dane 10 CITY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR within Hospita during most of warking life, even if retired)
Retired Stewart INDUSTRY B&O RR 13c CITY OR TOWN 3d INSIDE CITY JIM TS? 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER aquires that the daath certificate be executed 13b. COUNTY/nontgone 19 Walle YES 12 100 E remave 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle James Deckard Ella Seebold 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates at service) 705-09-9562 Mrs_Barbara T Deckard Same APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c).) BETWEEN ONSET AND DEAF PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' Conditions, if ony, which gave) buriol-transit rise to immediate cause (a), DUE TO, OR AS A stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL this certificate has been prior to 20b. IF YES, WERE SO CAUSES OF DEATH YES 🔲 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY, 1 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D No City or Tawn County State While Not while at work 10 1120014 220. I certify that (f) (this hospital) attended the deceased from March 3, 1968, to March 14, 1968, that (I) (we) lost sow the deceased alive on March 14, 1968, and that in (my) (our) appinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After couses stated above, (I) (we) (did not) view the body ofter death. 22b. SIGNATURE 22: DATE SIGNED ATTENDING PHYS MED DIRECTOR director, poge 3 DEGREE 22e. ADDRESS 22d PHYSICIAN S NAME (Type) GEOR 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 3/18/68. Baltimore, Md. Greenmount Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATUR

Luonard J. Ruck, Inc. Balto. Md. 21214

30M REV. 1/88

MARYLAND STATE DEPARTMENT OF HEALTH

1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 6 Film G399 3/27/68 kk CERTIFICATE OF DEATH DECEASED-NAME Middle 2a, DATE OF DEATH Last 2b. HOUR Dedick (Type or print) Andrew Paul 4. RACE S. DATE OF BIRTH IF LINDER I YEAR 3. SEX 6. AGE (In years Male Caur. July 4. 1891 law requires that the death certificate be executed within 24 hauss To BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIEDAGO NEVER MARRIED country) penn. ban papers: within 72 h 4.5.9 Montgomery WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) Rethesda carban 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13s. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Mt. Carmel 131 N. Willow St. signed by the attending physician and campared transit permit. Then please remave 14 EATHERS NAME Last IS. MOTHER'S MAIDEN NAME First Lost Paul Pedick unknown. PAGAL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (It was give war or dates of service) burial, crematian, or remaval, Higgins Tuneral Home 185-30-6702 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pneumonia days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Cerebral embolism - old and recent rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) as the prior ta has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO Z O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. KOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from <u>January 17, 19-68</u>, ta<u>date</u>, 19____, that (I) (We) last saw the deceased alive an *larch 16*_____1968, and that in (my) (our) opinion death accurred an the date and haur and from the placks causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED DIRECTOR director, page 3 shauld be filed v PHYS 22d. PHYSICIAN & 22e. ADDRESS NAME (Lybe) John G. Ball 7936 Old Georgetown Rd Rethesda 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1068 St. Michael's Cemetery Mt. Carnel, Pennsy vanio ADDRESS GEORGIA AUG 250. RECD BY REGISTRAR VR A15 (4) 30M REV 1/68 Inc. Silver Spring. Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First 20 DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) MARION 3. SEX 4. RACE DATE OF BIRTH 1E UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthdov) WHITE TEMALE 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED SZI NEVER MARRIED COUPTY) U.S.A MONTGOMERY DIVORCED WIDOWED | poper 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work define 12b KIND OF BUSINESS OR during most of working life, even fretired) INDUSTRY BETHESDA HOUSELLIFE 130. JS_AL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE YES DO BETHESOA ease remove and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First -IELD +GLEN ING LISH 160. WAS DECEASED EVERAN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) If was give war or dates of service) a signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:

MMEDIATE CAUSE (a) Hand CarcinomA o Ь DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to 4 has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES F NO 5 After this certificate 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR AM (If either, notify medical examiner) 21d INJURY OCCURRED 216 PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a | certify that (1) (this hospital) oftended the deceased from 1962, 1963, to March 26, 1968, that (1) (we) lost saw the deceased alive an Warch 26, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: causes stated above, (1) (we) (did) (aid not) view the bady after death. 22b<SIGNATURE 22c DATE SIGNED 26 March 1968 DEGREE 22d PHYSIC AN'S WISCONSINAIR-Batte. md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) 230 BUR AL CREMATION Burlal (Specify) Rockville, Maryland 3-29-68 Rockville Cemetery 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland

MARYLAND STATE DEPARTMENT, OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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= -	100		CEASED-NAME	First		Middle		Lost	2o. DATE O	DEATH		2b. HOUR
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offer and a second)	3. SE	X Female		4 RACE Car	ucasian		March 20,	1968	6. AGE (In years lost birthdoy) YR	IF UNDER 3 YEAR MONTHS DAYS 25.	HOURS WHY
haurs in by ers. P		7o. E	IRTHPLACE (State or try)Marylan	foreign 75	USA	WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MARRIED A	9 county of Montg			Md
requires that the death certificate be executed within 24 haurs after death sphysician. I signed by the ottending physician and completely filled in by the tangent burial-transit permit. Then please remove corbon papers. Pages I and a burial, trematian, or removal, and in any event, within 72 haurs attended and in any event.	i		ITY OR TOWN OF DE	ATH	11 g	NAME OF HOSPITAL OR IN: ve street address) Nav	STITUTION (If no	t in hospital 12a l	USUAL OCCUPATION	(Kind of wark dans life, even if retired.) INDUSTRY	BUSINESS OR
ond completely fremove corbonin only event, with				here deceased	lived, if insti	tut on Residence before	13c CITY OR	TOWN 13d INSIDE C	ITY LIMITS? 13e ST	REET AND NUMBER		N/A 10
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ond co	- 2	14 1	ATHER'S NAME Raymon	First G	Middle J.	Despres	15.	MOTHER'S MAIDEN NAM	AE FIIST	widdle	77	Last
ertificate be physicion o nen please noval, and ir		160.	WAS DECEASED EVER	IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY	NO. 17 IN	FORMANTING - AD	t. 10, A	rlinguanss	Va.	
ohysi ohysi on pl		ľ	es, no, or unknown) NO	(If yes give war o	r dates at service)	N/A	CF	L Raymond	J. DESPR	ES, 704 S		
that the death certificate be an. by the ottending physicion or tronsit permit. Then please removal, and in crematian, or removal, and in			18 CAUSE OF DEA	TH (Enter only o	one cause pe	r line for (a), (b), and (c).	X	mature	Mr. Jan			HATE INTERVAL NSET AND DEATH
ottendii permit.			6 6 F 7		CAUSE (a) _	R AS A CONSEQUENCE OF		manure	Man oor	W		
the o			Conditions, if any,	which gave	(h)	K AS A CONSEQUENCE OF						
hysician. igned by the uriol-tronsit			rise to immediate stating the underl	ying couse	DUE TO, O	R AS A CONSEQUENCE OF						
nysici nysici gned rriol- riol,			lost.	HISICANT CONDI	(t)_	IBUTING TO DEATH BUT N	OT DELATED TO	TUT TERMINAL DISEASE	OR COMPUTION CIVI	N IN DART 1/a)		
7 2 2 9 4		NO	7 / CITIER SIG	NIFICANI CONDI	HUNS CONTR	BUING IO DEATH BUIN	UI KELATED TO	THE TERMINAL DISEASE	OKCONDITION GIVE	N IN PAKI I(0)		
te law trendii os be as th prior	1	CERTIFICAT.C	19a. DATE OF OPERAT	ION 195 CO	NDITION FOR	WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?		YES, WERE FINDINGS OF DEATH?	S CONSIDERED IN CE	RTIFYING
f. Th or o or o te h use use	*	CERTI	210. ACCIDENT WAS	UNDERLYING	215 TIMI	OF INJURY	21c. HO	W INJURY OCCURRED (I		ry in Port 1 or Port	2. Item 181	
CIAN pital c trficat d for of He		MEDICAL	OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.			,	,			
G PHYSI the hosp this cer detached			21d INJURY OCCUR While Not whil	RED 21e. PL	ACE OF INJUR	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.				or Tawn	County	Stote
by t by t offer tfter be d Stote			22o. I certify t	hot (†) (this	haspital) (attended the decease larch 21 d) (dyd get) view the	ed from M	arch 20 , 1	9 <u>68</u> , ta <u>l</u>	March 21,	19 <u>68</u> , that	(I)X(we) last
ATTENI etoined CTOR: A should ith the			causes sta	eceasea aliv ted abave, (e on ve (ri	d) (dyd-not) view the	body after d	eath.	ahınını asanı	accurred on the	dote ond flour	ona trom the
~ = = = 3		١.	22b. SIGNATURE	4/2	N	9		_ ATTENDING	MED DIRECTOR	STAFE - 27	2c. DATE SIGNED	
y be re y be re L DIRE oge 3	2		22d. PHYSICIAN'S	Jene	11 12	var/	DEGRI	E PHYS L	DIRECTOR L	PHYS. 😡 2	22 March	1968
E S A G S	1			ene P.	Swartz	s, M.D.			Hospital	Pethesda	bM.	
O HOSPI Poge 4 r O FUNER director, should it		230	BURIAL, CREMATION	, 23b. DA1		23c. NAME OF			23d. LOCATI	ON (City or Town)	(County)	(State)
5g 5 b		24	BUNERAL DIRECTOR		25-6		TOPE	250 DEC	Sp)	V DIEGISTRA	RS SIGNATURE	1116
VR AT5 (4 30M REV. 1/) '68	1	141 Har and	SEDI	The state of the s	OF & ADDRESS	in the	DATE	APR 3	1968 /	liarles &	udge.



FOR STATE HEALTH DEPT.

2, and 3 ta ny deloy 15

Give Pages 1,

in pencil in Item 18.

necessary, please execute the certificate, writing the ward "pending"

DICAL EXAMINER:

TO DEPUTY

This certificate shauld be executed mithin 24 hours after death

he State De 2 with Jan pages

with farm re olong haurs after Off the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health prior to buna, cremation, ar remaval, and in any event within 72 5 may be retained for your

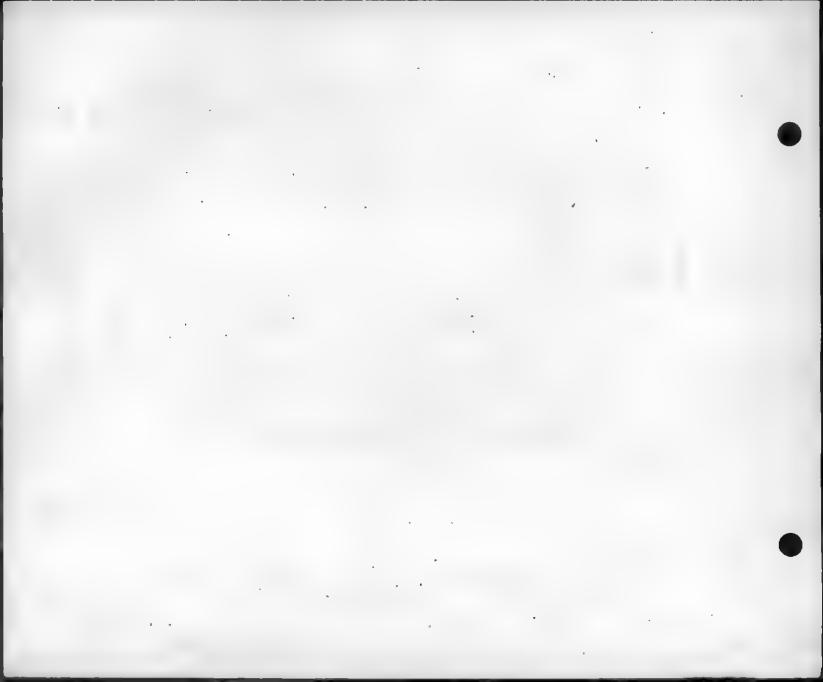
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1,4294 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

			ILIEDI	CAL LAMITIM	LIC D CI	FILLIN I CWI	L VI D						
	ECEASED NAME	Fir	st	M ddle Lost							onth Day	Yeor	2b HOUR
-	(ype or Print)	MAR	IA	ELOIS		DI CAMI			OF DEATH	ESTI	3 3	19 68	10 ^A _M
3 5	X	4 RACE	S DATE OF BI	RTH 6. A	GE (in years st birthday)	MONTHS DAY		R 24 HRS		PRONOUNCED DEA			2d HOHR
	emale	White	5/5/0	1	62 YRS		145045		Moni Ma:	h Doγ rch	3	90T 19 68	10:50
	RTHPLACE (Stote		76 CITIZEN OF W		8 MA	RRIED NEVER	MARRIED 🔲	9. CO U	NTY OF D				
COUN	" Ita.		Italy			42.0	IVORCED 🔲			gomery		_	Md
	TY OR TOWN OF			IAME OF HOSPITAL OR street oddress; Holv		s Hospi				(Kind of work di life, even if retire Ee		IND OF BUS TRY —	INESS OR
13o	USUAL RESIDEN	(E (Where dece		ution: Residence befo	re 13c, CTY	OR TOWN	13d INSIDE CTY	LIMITS?	13e STRE	ET AND NUMBER			***
l °	dmission) STATE	Maryland	13b COUNTY Mond	gomery	Sil	Spr.	YES 😿	NO 🗌	150	Dilsto	n Rđ		
14, F	ATHER S NAME	First	Midd	e Los		IS MOTHER'S	MAIDEN NAME	First		M ddle		Los	
		Carmin	ne	Orland				iovi	na		Evai	ngeli	sta
	WAS DECEASED EV		FORCES?	16b. SOCIAL SECURITY	NO.	17. INFORMANT	Daught	er,		ADDRESS			
,,,	No	(11) (11 year gir	se war or acres or service;						007	Hillmead	e Rd.	Bowi	e Md
				line for fa), (b), and for	1)	F.		/	1	01	2 1 0	APPROXIMATE SETWEEN ONSET	AND DEATH
	PAKI I L	EATH WAS CAUS IMMED	HATE CAUSE (o)	Poule		aren	rari	1/2	MX	utiff	cco.	ne.)
	410	19		AS A CONSEQUENCE	OF 、	0	Aid		11	11/2	0	1	
		ny, which gove lote couse (o),		erker	602	cleri	yelle	2/	Ye.	art.	RICO	rece	Le.
		derlying couse		AS A CONSEQUENCE	OF				*	•			
	lost.) (c)										
	PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBU	ING TO DEATH BUT NO	T RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN I	N PART 1(o)	81		
No	7. 1			t									
3	190. DATE OF C	PERATION		19b. CONDITION FOR WAS PERFORME	19b. CONDITION FOR WHICH OPERATION WAS DEPENDANTED						12	20. AUTOPS1	7
RIF												AE2 🔲	NO NO
MEDICAL CERTIFICATION	210. EXTERNAL	CAUSE WAS R CONTRIBUTING		N.URY Month, Doy, Yo M.	eor 2	21c HOW INJURY	OCCURRED (E	nter notu	re of injur	y in Port 1 or Por	1 2, Item 18))	
200	CAUSE OF DEAT	Н		M. 19									
×	21d INJURY OC		PLACE OF N.JRY foctory, office buildi	(At home, form, street,		211. LOCATION Str	eet or R.F.D. No	0	(ty	ar Town	(our	nty	State
	AT WORK	T WORK	octory, ortice bonds	19, 010.7									
	22a. I	certify that I	//	the remains descri	bed abov	e, held on A	utopsy 🔲,	Ins	pection	, Inquir	y X	and in m	y opinion
	death re	sulted from	Natural cau	ses Artide		Suicide 🗌	, Homici	ide 🔲,	Unde	termined man	iner 🔲		
	ACTUAL SIGNATURE	/Je	alon	K	lea	10	CHIEF MEDICA. ASSISTANT MEI				DATE SIGNED	0	
	EXAMINER'S	0		1)	-10	IV. D	DEPUTY MEDIC			MAL	2112	10	10
	NAME (Type)	BEL	DEN,	KIL	E /1	42/14	ODRESS STOP	Corto	10074	inty) ////YY	C11 2	196	8
230	BURIAL, CREMA REMOVAL (Spec	fy)	DATE		F CEMETERY			23d	LOCATION	l (City or Town)	(Count	ty) (S	tote)
	Buria	1 3	6/6/68	Mt.01	ivet	Ceme	ery	W	ash	.D.C.			
74.	FUNERAL DIRECT	OR Tall	ev's Fu	n ral ADD	KF2\$	Rai nie	77 / 250 REC	D BY REC	STRAR	25b REG ST	IAR'S SIGNAT	URE	

211

VR A15ME (5) 10M REV 1/68

Home Inc.



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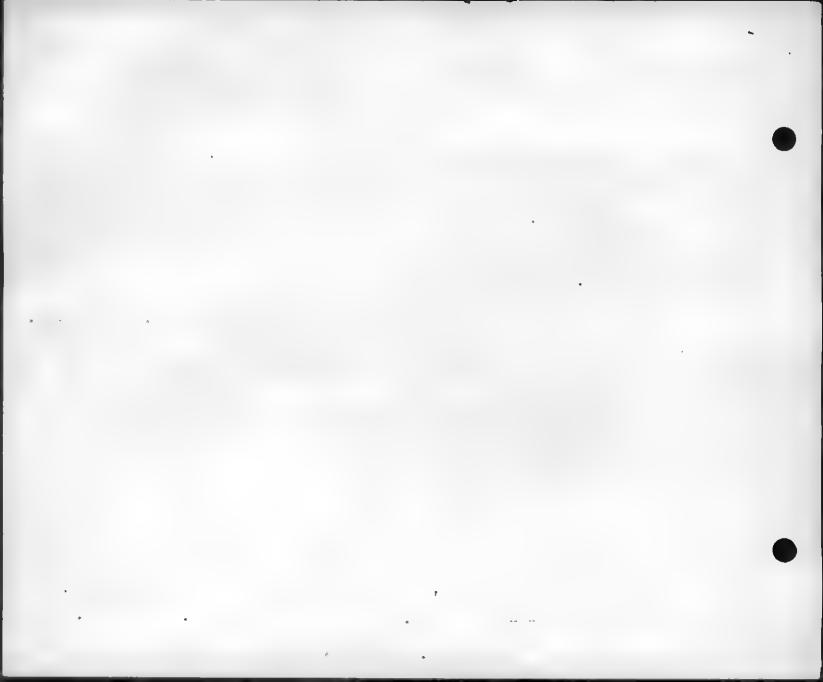
CERTIFICATE OF DEATH

233

				CERTI	FICATE	OF DEATH				4.0	7
ī	PLACE OF DEATH					2. USUAL RESIDENC	(Where dece	osed lived, if institut	ion: Residence be	fore odmissi	ion)
	o COUNTY Monteame:	TV.		44.6	RYLAND	o, STATE	ton. D	b. COU	YTM	1	
		L y If autside corporate limits		C LENGTH OF STAY		c CITY OR TOWN (If			DA and nive nee	roct toum!	
	write RURAL and	give nearest town)	٥,			C CITI OK IOWN (II	ontside corbi	rote iitiins, wine ku	KWC OUG BIVE HED	IEST TOWIT	
	Theaton			5 wee	KS						
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot an hospitol, g	give street oddress)		d STREET ADDRESS				e IS RESI ON A F	
	Universi	ty Nursing	Home			2407 1	5th St	Nº		YES	№0 😾
3	NAME OF	Fir	rst	Middle		Lost	4 DATE	Mon	th [oy Ye	ear
	DECEASED (Type or print)	Joh	п	M		Dambrow	OF DEAT	Н	3/	A 19	68
	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRI	FO T	B DATE OF BIRTH	- OLA	9 AGE (In years	IF UNDER TYEA		R 24 HRS.
	C1-	C	D3WODIW	DIVORC		1/00/11000		lost birthdoy)	Months Doy	s Hours	Min.
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	ing most of working			DUSTRY		11 BIRTHPLACE (Cou	ily & Stote of	toteign country)	COUNTR		
_		nt worker				Louist		ine	LIS.	Α	
<u> </u>	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	_ John I	. Macan	Donald	1		Anı	na Gr	een			
	WAS DECEASED EVE	RINES ARMED FORCES? (If yes give wor or dotes o	16	SOCIAL SECURITY NO	17	INFORMANT	0:11	Addr	ess a s		
	No.	(it yes give wor or dotes o	of service)	58-01-28	46 A			persteir			2
=		ATH (Enter only one cou			- 4	* 5006 A	ta V	ista Rd.	Betes	INTERVAL BEI	TWE N
	PART I. DEA	TH WAS CAUSED BY	1111	1201/110	En	Cumpilis	d		21/-	DI GHA TERNO	
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	Conditions, if any,	DUE	rot	101111	2000	Mulan	Asti	1 /2 2	neh !	/1,	
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	stoting the unde		10	1	/	16				/	
	last.	, ,	(c)								
	PART II OTHER SI	GNIFICANT CONDITIONS CO	ONTR BUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE	CONDITION GI	VEN IN PART 1(o)		19 WAS AUT PERFORM	OPSY MED 2
	177	/								YES	NO 15
	200 ACCIDENT WAS		206 DE	SCRIBE HOW INJURY	OCCURRED	(Enter noture of injury	in Port or P	ort 11 of item 18)			
		CAUSE OF DEATH MEDICAL EXAMINER)									
		JRY Month, Doy, Year	20d IN	VJJRY OCCURRED	20e PLA	CE OF INJURY (Home, f	orm. 1 20f	((ty or town)	((vtnLo))		(Stote)
	Hour o.r	n.	While	Not While		tary, street, office bldg , e		(4.7, 2)	(,7		(5.5.5)
ĺ	p.r	n. 19	of work			50 / /	10 / 1		2 12 5	400	
		y that (I) (this has		ded the deceased	from	24 JAN		10 4 MAI			
		eceased alive an	4 11/1	19 60	and tho	t death occurred	01/20215	M, fram causes		THE PERSON NAMED IN	d abave
	220 SIGNATURE	111 100		1/1/2		ATTENDING /	MED.	STAFF -	22tr-04/ES	GNEO	
	1 // 3	14,117	1	le miii.	M	PHYS.	DIRECTOR	PHYS L	1141	68	
	22c. PHÝSICIAN'S NAME (Type)			7		22d ADDRESS			110		
l	MAINC (Type)	Myran Len	kin, M	.n.		2709 Tho	refiel	d ?:., 'h	re/ton,	Md.	
30	BURIAL, CREMAT C		REOF	23c NAME OF CER			23d	LOCATION (City or To	ner Pr	nty) a (Stote
	CHEMETY	lon 3-4-6	58	Ft. L	inco	ln Cremat	ory	Mt. Rai	ner Pr	· Ger	O Mo
24	FUNERAL DIRECTO	R A Dames	2037	7557ADWS 8	cons	in 250 R	C D BY REGIS	TRAR 25b RI	GISTRAR'S SIGNA	TURE	
	MODEL C	A Pumph	rea	Ave. Bet	hesd	la,Md DATEN	IAR I	3 1968 a	Change	Yung	1
				AVE DEL		UAIL	14 77 7		-	12 16	

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 moy be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completery Titled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Peges shamid be filed with the State Dept. of Health prior to burial, cremation, or re≡oval, and in any ev≡nt, within 12 haurs of VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b HOUR DECEASED-NAME Middle Last (Type ar print) cremation, or remayol, and in any event, within 72 haurs after 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 haurs after by they MONTHS Temale 9. COUNTY OF DEATH 7o. BIRTHPLACE-State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED the attending physician and completely filled in sit permit. Then please remaye carban papers. WIDOWED [] DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 2a USUA, OCCUPAT ON Kind of work done 2b KIND OF BUSINESS OR during most at wark ng life, even wretired) give-street address) Sulver Haring 13a. USJAL RESIDENCE (Where deceased lived of institution 13d INSIDE CITY LIMITS? Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER STATE 13b. COUNTY IS MOTHER S MAIDEN NAME First 14 FATHERS NAME Lost Lost adm Iralne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar ynknown) asach 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit permit. VIMONIO IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate couse (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause director, page 3 should bm detached for use as the burial-1 should be filed with the State Dept. af Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? Ca breast YES I 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR AM. OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at work 22o. I certify that (I) (this hospital) attended the deceased from 3/12, 1968, ta 3115 saw the deceosed olive an 1965, and that couses stated above, (I) (we) (did) (did not) view the body ofter death. ____19 6 8 , and that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS Page 4 may 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 7701 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230 BURIAL, CREMATION 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4]

30M REV 1/68

DATEMAR



1283

1. DECEASED NAME	First		Middle		Last		2a. DATE	OF DEATH			25. HOUR
(Type or print)	GEORG	E	B		DORSEY			3 Month	2]1 Dox	68 ^{Year}	5:20am
3. SEX		4. RACE			S. DATE OF B			6. AGE (In		IF UNGER I YEAR MONTHS DAYS	IF UNDER 24 HRS
Male		Ne	egro		8/7/8	37		lost birth	80 YRS	MONTHS DAYS	NONEZ WIN
70. BIRTHPLACE (Stot	or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9. COUNTY	OF DEATH			
country) Maryl	and	USA		WIDOWE	D DIVO	RCED 🚾		Montgo	mery		Md
10. CITY OR TOWN OF			ME OF HOSPITAL OR IN treet oddress) Montgon	,		12a. USUA during mg	L OCCUPATI est of worki	ON (Kind of w ng life, even d NATI	ork done retired.)	12b. KIND O INDUSTRY	F BUSINESS OR
13a USUAL RESIDENC	E (Where deceas		an Residence before	13c. CITY		13d. INSIDE CITY LIF		STREET AND N		2017	D+ 1/2
odm.ssian) STATE	Marylan	d 136 COUNTY	ontgomery	Etcl	nison	YES EL NO	G:	aithers	burg.	Maryl	and
14. FATHER'S NAME	First	Middle	Last	-	15. MOTHER S N	AIDEN NAME FI			Middle		Lost
	Nelson		Dorse	₹V		Re	oseani	na			Warren
16o. WAS DECEASED	EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY	NO. 17	INFORMANT 1	edical l	Record	าร	Address		
Yes, no, or unknov	W) (11 Jaz disar s	van or aranes or service)		7	iontgome	ery Gen	erall	Josni ta	1 01	nev. I	14. 20832
			e fgr (a), (b) and (c)) /2							ONSET AND DEATH
PART I. DE	ATH WAS CAUSE	D BY. ATE (AUSE (0) 🚄	rangel	en	WI G	ellen	mad	1 des	Win -	72	mars
1 /88	3 X		S A CONSEQUENCE OF				0			0	1
	Conditions, if any, which gave (b)										
rise to immedi	rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF										
last. 12/0											
PART 2 OTHER	SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE OR C	ONDITION G	IVEN IN PART I	(0)		
= (1	ume	à can	d Correr	nia							
190. DATE OF OP	ERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUT	OPSY?		. IF YES, WERE		ONSIDERED IN	CERTIFYING
3					YES [ISES OF DEATH?			
	WAS UNDERLYII	A THE THINK WI			HOW INJURY OF	CURRED (Enter	r noture of i	njury in Part 1	ar Part 2, I	tem 18.)	
	G □ CAUSE OF OFA' medical exami		Manth Day Year								
While Nat	CURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f.	LOCATION Stre	et ar R.F.D. Na.	. (ity or Town		County	State
22g, I certif	y that (I) (th	is haspital) atte	nded the deceas	ed framu	7/4	, 194	7_, to_	21/20		GX, the	it (I) (we) last
saw th	e deceased o	live on 2	7.7	945/0	and thốt in (n	ıy) (aur) opli	nian deat	h occurred o	on the do	te ond hou	r and from the
		e (1) (we) (did)	(did not) view the	body offe	er death.						
225 SIGNATURE	tik	1 know	ach il	WOO	EGREE PHYS.	ום ובשק	IED.	STAFF PHYS.		DATE SIGNED	
22d. PHYSICIAN NAME (Type			200		22e. AD	DRESS 50 1	W. Edi	monstor	ı Driv	<i>т</i> е	
	100mm	. Maylat			<u></u>	Roc		e, Marı		20851	
BREMOVAL (SPOR	ion, 23b.	DATE - 28 - 68	Broo	1	G CREMATORY			TION (City or 1	11	Montg.	Md.
24 FUNERAL DIRECT	22 0	1 for	P. ADDRESS	ol.	med.	DATE MAS		19 68	EGISTO AR'S	SIGNATURE	udga.

bus. unerol

O FUNERAL DIRECTOR: After this certificate has been signed by the otteniling physician ond completely filled director, page 3 should be detached for use as the buriol-transit permit. They please remave carbon page should be filled with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within (7).

TO HOSPITAL OR ATTINGING FIRSTING THE low requires that the death certificate Te executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

OM REV TEB



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04298 CERTIFICATE OF DEATH 2g DATE OF DEATH DECEASED-NAME First Middle Last 2b HOUR (Type or print) Year Stephen DORSEY March 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER YEAR HOURS lost birthdoy) ZHTINDM Male Caucasian Sept. 13,1913 athin 24, hours 76. CITEZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED TE NEVER MARRIED Ne praska Montgomery U.S. WIDOWED [DIVORCED [paper IG CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION fKind of work done 126 KIND OF BUSINESS OR give street address) Naval Hospital during most of working life, even if retired) INDUSTRY Bethesda physicion and completely Foreign Service Consulate pleose remove corbo event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY L MITS? 13e STREET AND NUMBER requires that the doubt certificate be exacuted admission) STATE 13b COUNTY YES-NO 2823 Q Street Washington 14 FATHER'S NAME Middle Lost S. MOTHER'S MAIDEN NAME First Lost Guy P. Dorsey Julia Geisthardt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT [(If was give war or dates of service) Yes, ng. at unknown) Carolyn C. Dorsey, 2823 Q St.N.W. Washington Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART 1 DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Generalized carcinomatosis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gove to (b) Adenocarcinoma left kidney rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been the the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION CAUSES OF DEATH? YES [NO X O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 是是 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INIURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM STREET FACTORY, \ 21f LOCATION Street or R.F.D. No. County State City or Town While Nat while at work 22a | certify that (f) (this haspital) attended the deceased from ___December1019_67_, to __March_10_, 19_68_, that (i) (we) last saw the deceased alive an ___March_10__19_68_, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (i) (we) (and laborat) view the body after death. be retained 226 SICHAMIPE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS 11 March 1968 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Naval Hospital, Bethesda, Md. Lawrence A. Jones, M. D. NAME (Type) director, should b 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION,

Cedar Hill Crematory

VR A15 (4) 30M REV 1/68 REMOVAL (Specify)

3/11/68 Cremation 24. FUNERAL DIRECTOR Jos. Gawler's Sons Funeral Home 5130 Wisconsin Ave , N. W. Wachington, D

2Sa. REC'D BY REGISTRAR 1968

Suitland, Md

25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH 04299 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04235 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH DECEASED-NAME First Last 2b. HOUR (Type or print) Sidney IF UNDER 1 YEAR 3. SEX 6 AGE (In years law requires that the death certificate be executed within 24 hours after lost birthdov) 2-25-0 YRS O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Per should be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED Montgomer DIVORCED [12g USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (of not in haspital 2b KIND OF BUSINESS OR during most of working life, even if retired.) 13d INSIDE CITY WHITS? 130 STREET AND NUMBER 13a USJAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN odmission) STATE YES 🔀 NO D 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Douglas VIS 160, WAS DECEASED EVER IN U.S'ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Yes, no. or upknown) (If yes give war or dates of service) 214-36-1685 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))

PART 1. DEATH WAS CAUSED BY:

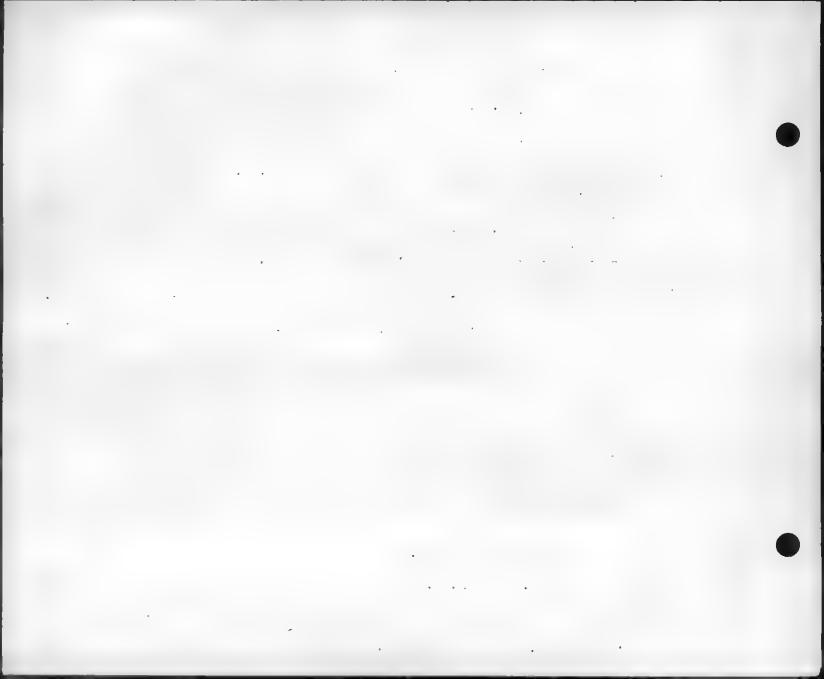
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to t be retoined by the hospital or attending Merrow dearession 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner)* 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark causes stated abave, (1) (we) (did nat) view the bady after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS director, page 3 should be filed DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 250. REC'D BY REG STRAR FUNERAL DIRECTOR VR A15 (4) 1968 30M REV 1/68



hours after deoth

This certificate should

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5.30	Р.	will	- 79

1/5	1	1/2011		D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI		
III (M		04301		ERTIFICATE OF DEATH	MAKE MEKINGIN SIZVI	23 2
death herol		ECEASED-NAME First (ype ar pnnt)	Middle G.	lost Dunkley	20 DATE OF DEATH Month March 9	2b HOUR 9:30 h
	3 S	X Male	4. RACE Canc.	S DATE OF BIRTH Oct. 12, 1886	6. AGE (in years	FUNDER LYEAR IF JINDER 24 HRS. ONTHS DAYS HOURS MIN
24 hours red in 72 hours	COM	BIRTHPLACE (State or foreign nitry) naland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED UIVORCED DIVORCED	9 COUNTY OF DEATH Montgomery	Md
e Executed within 24 ond completely filled remove carbon poper in any event, within 7.	10	city or town of DEATH koma Park	11. NAME OF HOSPITAL OR INS give street oddress) 50 12 carland	FITUTION (If not in haspital 120 USUA during me	COCCUPATION (Kind of work done list of working life, even if retired) CONCOL (MAINEER	126 KIND OF BUSINESS OR INDUSTRY
uted w explete			ed lived, if institution Residence before	13c CITY OR TOWN 13d. INSIDE CITY LIE	13e STREET AND NUMBER 8612 Garland	Avenue
be Execut ond com eremove in ony ev	14.	FATHER'S NAME First William	Middle Last	IS MOTHER'S MAIDEN NAME FI	rst Middle Mex	Last
ertificate bo physician nen please iaval, and ii	160	WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (" yes give w	MED FORCES? Are or didates of service) 16b SOCIAL SECURITY M 168-07-856	14 01 0	kley Jakona Park	d Avenue
equires that the death c physicion signed by the attending burial-tronsit permit. The		PART I DEATH WAS CAUSE IMMEDIA 5 3 8 Conditions, if any, which gave is to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	orna 9 Cod	lon	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 12-15-77-00
Poge 4 may be retained by the haspital or ottending 10 FUNERAL DIRECTOR: After this certificate has been signification, page 3 should be detached for use as the behaviold be filed with the State Dept. of Health prior to be	MED CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAL (If either, notify medical examination of the complete of the complete of the complete of the course of the courses stoted obove of the course of	HOUR A.M. Month Day Year P.M. 15 PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC is hospital) attended the deceose live an action (I) (we) (did) (did not) view the came D. Aud	21c HOW INJURY OCCURRED (Enter 21c HOW INJURY OCCURRED (ENTER	To 92 20 196 nion death occurred on the date of the da	County State A that (1) (we)-lase and hour and from the SIGNED ch 11, 1968 ex. Spring, Ma
10 HO Pog O AL VI	230	BURIAL CREMATION, REMOVAL (SOCIETY) 23b. WHERE DESCRIPTION (Learner E. Pumph	arch 12, 1968 9t. Carth434 Geoffica	Avenue, 250 RECDB		(County) (Store) The Md GNATURE



1302

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEAT

	(J 17		(.EKIIFI	CALE OF I	DEATH				~ 3 °
	DECEASED NAME	First		Middle		Lost	20.	DATE OF DEATH	_	.,	2b HOJR
	(Type ar print) JOI	HN	T	EESDALE		DUVALL		WWHCH	15.	1968	11:50
3. 5	SEX		4 RACE			S. DATE OF BIR		6 AGE (In years		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN
	MAI	LE	WHI	TE		FEB. 2	8, 1883	lost birthdoy)	YRS	tina Okra	mounts min
	BIRTHPLACE (Stote or for	oreign 7	b. Citizen of W	HAT COUNTRY?	8 MARRIEI	NEVER MARK	1ED 9. CO	UNTY OF DEATH			
COU	D.C.		U.S.A.		WIDOWE			MONTGOMERY			Md
10	CITY OR TOWN OF DEAT	ТН		IAME OF HOSPITAL OR INS street address ON TOOMERY			during most of	CUPATION (Kind of work d working life, even if retire RED	one I	125. KIND OF Industry	BUSINESS OR
				ITGOMERY		TONSVILL	3d INSIDE CITY LIMITS?	13e STREET AND NUMBER	₹	DRIVE	
14.		ırst	Middle	Lost		IS MOTHERS MA		M.dd	e		Last
П	SAM	MUEL		DUVALL	1		MARY			PER	RRY
160	n. WAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY N	10. 17.	INFORMANT		Addre	\$5		
	Yes, no or unknown)	[If yes give war	or dates al service)	577-48-14	53	MEDICAL	RECORDS				
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave nise to immediate couse (a), stating the underlying couse (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									ps.		
Z								, .			
CERTIFICATION	190. DATE OF OPERATION	ON 19b. CC	ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTOF	SY? NO 🔽	20b. IF YES, WERE FINDIF CAUSES OF DEATH?	NGS CONS	IDERED IN C	ERTIFYING
WEDICAL CER		CAUSE OF OEATH	r) HOUR A.M.	. Manth Doy Year				re of injury in Part 1 or Pa	rt 2, Item	18.)	
WE	While that while at wark			(AT HOME FARM, STREET, FAC OFFICE BUILDING, EYC.		_		City or Town		ounty	Stote
	saw the de	ceased aliv	ve an3	tended the decease //s1 (did not) view the	9 <u>48</u> , a	nd that in (m)	, 19 <u>68</u>) (our) apinian	, ta	, 19 <u>と</u> e date (<u>왕</u> , that and hour	(I) (we) last and fram the
	22b. SIGNATURE	2 1	Sm	7 and	DE	ATTENDIN	DIRECTI	OR STAFF	22c. DATI	ESIGNED	
	22d. PHYSICIAN'S NAME (Type)	A. DEM	ENT BO	NIFANT, M.D		22e, ADDI MED	CAL CTR.	SANDY SPRI	NG, h	/ARYL/	AND
230	BURIAL, (REMATION, BEMOYAL (Specify)	23b DA Mar	18, 19	68 Mt.			1	. LOCATION (City or Town) Bethesda Mc	,	(ounty)	(Stote) Md •
24	FUNERAL DIRECTOR Jos. Gawles			Annress	n Ave	.c.W.W.	250 REC'D BY REG	Bethesda Mossistrar 25b. REGIST.	RAR S SIG	NATURE:	offen !

Page 4 may be refained by the haspital ar attending physician.

C FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted filled in by the towns director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages Trand 2 should be filled with the State Dept. If Health Friar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR ATS (4)-3 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu-



MARYLAND STATE DEPARTMENT OF HEALTH 14305 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04289 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH deoth. (Type or print) IF UNDER I YEAR IF LINDER 24 HRS 6. AGE (In years lost birthday) MONTHS DAYS HOURS upt. 3- 1890 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ASSOte or foreign (ountry) DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 10. CITY OR JOWN OF BEATH 12b, KIND OF BUSINESS OR no life, ever if retired). arbon give street address event, 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13: Lity OR TOWN 13e STREET AND NUMBER dmos pur odmission) STATE 13b COUNTY remove in ony 14. FATHER S NAME requires that the death certificate be 16g. WAS DECEASED EVER IN Yes, no, agupknown) 18. AUSE OF DEATH (Enter only one cause per ame for (a), (b) and (c).
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-tronsit rise to immed ate cause (a), stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the the has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES X O FUNERAL DIRECTOR: After this certificate 21c HOW NJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21g ACCIDENT WAS UNDERLYING 215 TIME OF INJURY OR CONTRIBUTING ____CAUSE OF DEATH (If either, natify medical examiner) 21d M.JRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 1948, to 4: 91 saw the deceased glive on Manch a 19/1/2, and that in (my) (our) opinian death occurred on the date and hour and from the causes stated obave, (1) (we) (aid) (did not) view the bady ofter deoth. 225, SIGNATURE 22c DATE SIGNED MED DIRECTOR director, page 3 23d LOCATION (City or Town) 23b. DATE 230 BURIAL CREMATION. Lincoln Cemetery Prince George County Md. 3 - 132Sq. REC D BY REG STRAR REGISTRAR'S SIGNATURE VRA 5 (4) 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04231 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH First 2b. HOUR (Type or print) March Vergie Elliott Mav 4 RACE S DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS water to have after 3 SEX lost birthdoy) HOURS July 5. 1887 White Female 7o BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED | NEVER MARRIED Country) Pennsylvania America WIDOWED DIVORCED Montgomery Pall within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give_street oddress) during most of working life, even if retired.) INDUSTRY Washington Sanitarium Takoma Park the attending physician and campletely sit permit. Then please remave carbo event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER law requires that the death certificate be executed odmission) STATE Maryland Prince 2403 University Blvd George Hyattsvil and in any Middle 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First First NOT AVAILAGUE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (If yes give war of dates of service) cremation, ar remayal, APPROX.MATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse signed l oxes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(o) has been s use as the b ith priar tab attending 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | Page 4 may be retained by the haspital or this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year detached f te Dept af ! (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21a. PLACE OF INJURY 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 220 I certify that (1) (this haspital) attended the deceased from 7, 19, 6, ta 3-72, 19, 6, that (1) (we) last saw the deceased alive an 3-11 19, 6, and that in (wy) (aur) opinion death accurred an the date and haur and from the , 19 62; ta 3 - 12 ... 19 62, that (we) lost causes stated above (I) (we) (and) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING M D DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, I 23d. LOCATION (Cuty or Town) (County) (Stote) REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTO VR A15 (4)



J4305

VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAI

CERTIFICATE OF DEATH

4							
	ECEASED NAME Type or print)	Richard	Franklin	ELLISON	JR.	DATE OF DEATH Month MAR Day	29 Yeor 68 9:45A
3 SE	x Male	4. RACE Caucas:	lan	S. DATE OF B	B 68	6 AGE (In years lost birthday)	IF UNDER 1 YEAR OF JINDER 24 HRS MORTHS DAYS HOURS MIN.
7o B cour	BIRTHPLACE (Stote or formativ) Maryland	7b CITIZEN OF WH United	States "	ARRIED NEVER MAI	RRIED X 9,00	DUNTY OF DEATH Ontgomery	Md
10, 0	Bethesda	11 NA give s	ME OF HOSPITAL OR INSTITUTION INSTITUTION (INSTITUTION INSTITUTION	ON (If not in hospitol Hospital		CUPATION (Kind of work done f warking life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
		e deceased lived, if institution v Land 36 follows			134 INSIDE CITY LIMITS? YES NO	13e STREET AND NUMBER 8122 Allene	dale Dr.
14. F	FATHER'S NAME Firs Richar		n ELLISON	SR Mothers M	AIDEN NAME First Mckinle	y HEILIGER	Lost
	WAS DECEASED EVER IN es, no pounknown)	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO NA	17 INFORMANT Richard	Ellison	SR., 8122 All	
	PART I. DEATH WA H X 6 X Conditions, if any, while rise to immediate country the underlying last.	IMMEDIATE CAUSE (a)PY DUE TO, OR A sh gove) (b) use (a),	DEUMONITIS, C S A CONSEQUENCE OF				APPROXIMATE INTERVAL BETWEEN ONSET AND CLATH
CERTIFICATION	492X 190. DATE OF OPERATION	ONSIDERED IN CERTIFYING					
MEDICAL CE	21a ACCIDENT WAS UP OR CONTRIBUTING CAN fill either, natify medical	ure of injury in Part 1 or Port 2, I	· · · · · · · · · · · · · · · · · · ·				
W	21d. INJURY OCCURRED While Not while of work 22o. I certify that saw the dece		at home farm, street, factory,) office building, etc. nded the deceased from MAR 19			ta 29 MAR , 19 ndeath occurred on the do	County Stole Stole (I) (we) lost te and hour ond from the
	couses stoted 22b SIGNATURE 22d. PHYSICIAN'S	opove, (1) (w/o) (did)	(did not) view the body	DEGREE PHYS	NG MED MED DIRECT	OR STAFF	ABHM 1968
. 02-	NAME (Type) (G. P. SWARTE				ral, bethesda,	
	BURIAL, CREMATION,	4-3-68		ark Nation	al Cemet	ery, Baltimore,	
24		obert A. Pum 57 Wisconsin			DATE DATE		in Junge.

in 24 hours of To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers Pageshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours in **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

30M REV 9/68



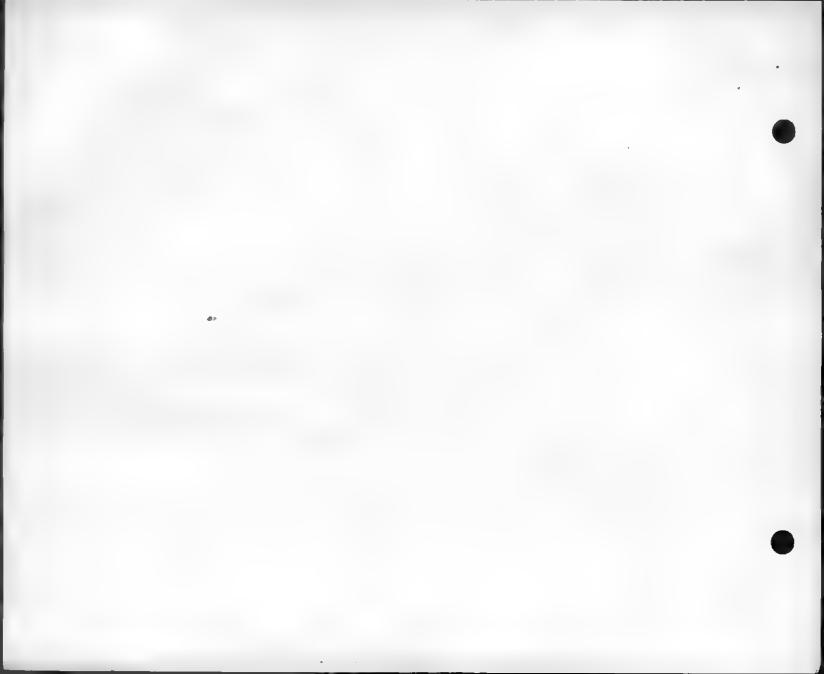
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04292

CERTIFICATE OF DEATH DECEASED-NAME 2o. DATE OF DEATH 2b HOUR-Middle The law requires that the death certificate be executed within 24 hours after death death (Type or print) the attending physician and completely filled in by the fenergl sit permit. Then please remave carban papers. Pages Land IF UNDER 24 HRS 4. RACE S DATE OF BIRTH 6 AGE (In years IF JNOER I YEAR lost birthday) MONTHS To BIRTHPLACE (State or foseign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED DIVORCED I WIDOWED T 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12b KIND OF BUSINESS OR give street address) during post of working I fe, even thetired.) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 136. INSIDE C TY LIMITS? 13c CUPY OR TOWN 13e STREET AND NUMBER admission) STATE 13b COUNTY and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT (If yes give wor or dates of service) Yes, no, or unknown) crematian, ar remaval, 18 CAUSE OF DEATH (Enter only one cause per me for (a), (b), and (c)) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: duy IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave **burial-transit** rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been by the haspital ar attending for use as the 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 Health 21c HOW INSURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year NONE (1) either, notify medical examiner) PM be detached 21e. PLACE OF INJURY (ATHOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this-hospital) attended the deceased from May, 1962 to March 22, 1965, that (I) (we) last saw the deceased alive an March 9 1967, and that in (my) (aur) apinian death occurred an the date and hour and from the be retained director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did not) view the bady ofter death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 1.15 W. Montgomery 23c NAME OF CEMETERY OR CREMATORY
Parklawn Cemetery 23d LOCATION (City or Town) 23a BUR AL, CREMATION 23b. DATE (County) 3/26/68 BREMOYAL (Specify) Rockville, Maryland 24 Tyson Wheeler Funcial Home ADDRESS 1331 Rockville Piking O.C. 25b REGISTRAR'S SIGNATURE

Rockville Md

VR A15 4) 30M REV 1768



	1T+	em 3 F43 m G300), A3 /68 La MARYLAND STATE DEPARTMENT OF HEALTH
-	1	em 3 Film G399 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH J 293
death.		(CEASED NAME First Middle Lost 20 DATE OF DEATH Year Solve Year Solve Year Solve Year Solve Year Solve
after the think	3. 51	A RACE 5. DATE OF BIRTH 6. AGE (In years If UNICET YEAR IF UNICET YEAR IF UNICET YEAR IN FUNDER 24 HAS INSTANCED YEAR IN FUN
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ie be (ian an ase re andin c	160	WAS DECEASED EVER IN U. S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAND. / Kodress 2/2-14 Nicorta
plysici posici en ple aval, a		es, no, or unknown) (Il yes give we or define of service)
ath ce nding iit. Th		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary infarction
the death attendir permit. Ifian, ar re	L	1532 DUE TO, OR AS A CONSEQUENCE OF
quires that the physician. signed by the burial-transit purial, cremati		rise to immediate couse (o), (stating the underlying couse) DUE TO, OR AS A CONSEQUENCE OF
physician. signed by burial-fra	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	₽T O⊞	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	CERT FICAT	2/23/60 Cancer of Colon YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME (INJURY 216 HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Port 2, Hern 18.)
三点 準もで	MED CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
	*	21d M. JRY OCCURRED While Not while of work Army State Building Etc. Not work Army State PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town County State Office Building Etc.
be Start		22a certify that (1) (this haspital) attended the deceased from 3/7 , 19.6 p., to 3/25, 19.6 p., that (1) (we) lo saw the deceased alive an 3/2 19.6 p., and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
D HOSPITAL OR ATTENI Poge 4 may be retained 5 FUNITAL DIRECTOR: A director, page 3 should should be fled with the		226 SIGNATURE DOILL RULLE DEGREE PHYS DIRECTOR D
TO HOSPITAL Page 4 may ID FUNITAL director, pag should be file		PAYSICIAN'S NAME (Type) DANIEL POWERS M.D. 220 ADDRESS FOMONSTON DR. ROCKVILLE, 16
O HOS Page 4 Fun directe shoulk	23o	BUR AL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) BENDLY ALE CREMATION, 23b. DATE BUR AL CREMATION, 23b. DATE BUR AL CREMATION, 23d LOCATION (City or Town) (County) (Stote)
VR A15 (4)	24	FUNERAL DIRECTOR 250. REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE LINE & Sons Reisterstown, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a DATE OF DEATH DECEASED NAME 2b HOUR (Type or print) last bythday) HOURS MONTHS the ottending physician and completely filled in by sit permit. Then please remove carbon papers. P 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hour 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED Z DIVORCED [WIDOWED [12a USUAL OCCUPATION (Kind of work dane NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OF during most of working life, wen if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13b COUNTY nontigoners ond in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES! Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if tiny, which gave) buriol-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been 19b CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? YES [ATT HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR AM If e ther, natify medica examiner) detoched 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. WJURY OCCURRED Caunty City or Tawn State While Not while r al wark 22a. I certify that (1) this haspital) attended the deceased from saw the deceased al ve ap 19_6 and that causes stated abave, (1) (we) (a 5) (did nat) view the bady after death. _19_6 and that in (my) (aur) opinion death occurred an the date and haur and from the 22b SIGNATURE ATTENDING PHYS Earle B. Thompson DIRECTOR 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE (County) (State) BENOVAL Specify) 3/29/68 Fort Hill Lynchburg. APDESS Rock, Pike 250. REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Octionalas Tyson Wheeler Funeral Home Rockville, Md. DATE 110 28





•	1	Item 1 Film G399 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
(M)	- 1	1. DECEASED NAME First . Middle Lost 20. DATE OF DEATH 2b. HOUI
degd		(Type or print) EFFIE HYPANS EVANS MARCH 8 68 87
dres to	3	3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH 6. AGE (In years 15 UNDER 1 YEAR 15
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d in pers.		COUNTRY) ANEST VA. AMERICA WIDOWED DIVORCED MONTGOMERY
y fille on po vithin	,	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b KIND OF BUSINESS OR HOUSERY INDUSTRY
carb rent, v		13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13a, INSIDE CITY LIMITS? 13e STREET AND NUMBER
COM TOVE	Ŀ	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ren in or		Charles MANN, Fultz ANNA MANN, STONE
cion ease ond	ŀ	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
hysic n pl	ŀ	Yes, no, or unknown) (If yes give war or dottes of service) HOSPITAL REGOLDS, TAKCHA PARK MD,
The The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
endi:		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
perr ion,		DUE TO, OR AS A CONSEQUENCE OF
tsi Total		(and trans, if any, which gave) rise to immediate cause (a). (b)
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os be os tl prior	, l	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH? 21b. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 2 1 per 18c.)
t etter	^	
d for		GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor [If either, natify medical examiner) P.M. 19 2 21d INTURY OCCURRED 21e PLACE OF INTURY AT MOME, FARM, STREET, FACTORY, 121f LOCATION Street or R.E.D. No. City of Town County State
his cer stache Dept.		21d. INJURY OCCURRED While Not while at work at work of work with the street of the st
e de	-1	22a certify that (I) (this hospital) ottended the deceased from 19 0 10 0 10 0 10 0 10 0 10 0 10 0 10
R: Aff	١	saw the deceased alive on
S showith		22b. SIGNATURE ATTENDING DEGREE PHYS DEGREE PHYS MED. STAFF 3-9-68
IL DI		22d PHYSICIAN'S 2 C S ROZVIAZ IMA 2 22e. ADDRESS 22e. ADDRESS
AER.	1	
5 0 2	- 1	23a. BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
, P. g. g. &	3	REMOVAL Spectry March 11, 1968 Cedar Hill Cemetery Suitland Pro Geo Nd.
	After this certificate has been signed by the attending physicion and completely filled in by the full be detached for use as the burial-tronsit permit. Then please remove carbon popers. Poges y State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after a	NRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the full signed by the attending physicion and completely filled in by the 10 s should be detached for use as the burial-tronsit permit. Then please remove carbon popers. Poges y and with the State Dept. of Heolth prior to burial, cremotion, or removal, and in any event, within 72 hours after a with the State Dept.

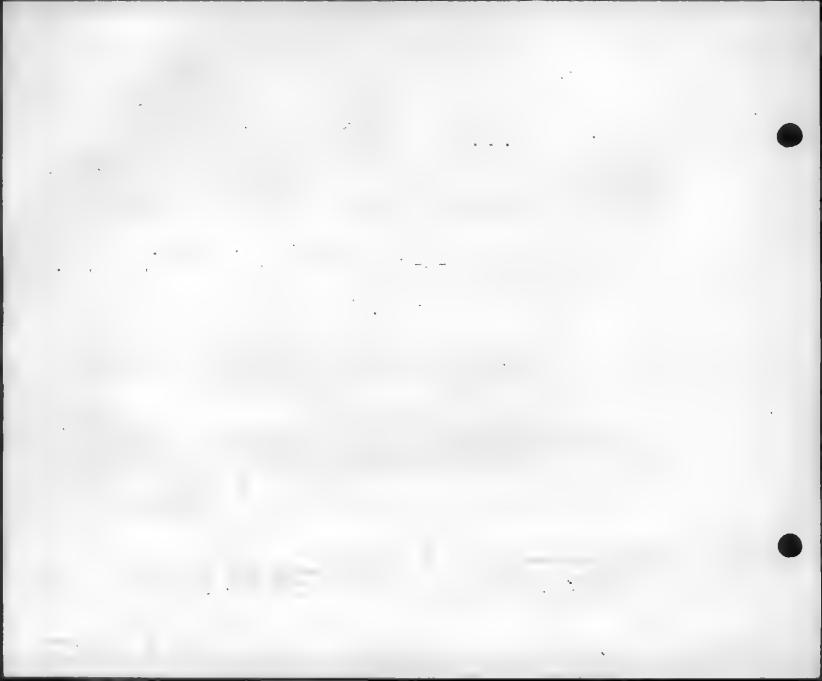


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH last 2a. DATE OF DEATH 2b HOUR Middle DECEASED NAME Eirst (Type ar print) 9: och Elward 4 RACE S. DATE OF BIRTH 6 AGE (In years F JINDER I YEAR IF UNDER 24 HRS. last birthday) lill : to Mala March 12, requires that the death certificate be executed within 24 haurs 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED MI NEVER MARRIED New Hork M miconen DIVORCED [WIDOWED | 120 USUAL OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) naknowa D. Al. 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13d INSIDE CITY LIM TS? 10610 Greenacres En IS MOTHER'S MAIDEN NAME FIRST "nknown 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) crematian, or removal, 577-09-0524 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attending burial-transit permit. The DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Corman rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🖂 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased fram March 7 , 1950, to March 26, 1968, that (I) (we) last saw the deceased alive on March 6 1968, and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR acun UD DEGREE 22e. ADDRESS 22d. PHYSICIAN'S H. Traum Aaron. 8237 Georgi: Ave. Silver Spring. NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. REMOVAL (Spec fy) March 29, 1968 Cedar Hill Cemetery Suitland, Mary land arter Colon Carter 24 34DDRESS 2.70 19 Price 250. REC'D BY REGISTRAR . Fumphroy, Inc. Silver Spring, Md. DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR (Type or print) Month 6 AGE (In years last birthday) 4. RACE IF LINDER YEAR IF UNDER 24 HRS. S DATE OF BIRTH 3. SEX MONTHS HOURS 12-12-1885 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED country) DIVORCED 12g USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 725. KIND OF BUSINESS OR INDUSTRY during most of, working ife, even if retired.) requires that the death certificate be executed with physician and completely E 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY MON & GOMERY M ddle S MOTHER'S MAIDEN NAME First INFORMANT 160 WAS-DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes no or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attending burial-transit permit. Th DUE TO, OR AS ACONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO FUNERAL DIRECTOR: After this certificate has been priori 190. DATE OF OPERATION 19b. CONDITION 20b. IF YES, WERE 20g. AUTOPSY? CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. ho 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1939, 19, to World 31, 1968, that (I) (w) last saw the deceased alive an War 1968, and that in (my) (our) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b SIGNATURE MED DIRECTOR STAFF PHYS director, page 3 should be filed 22d. PHYSICIAN'S NAME (Type) 230 BUR AL, CREMATION,
REMOVAL (Specify) OF CEMETERY OR CREMATORY (City or Town) 23b. DATE Mt. Olivet Cemeterv Washington, 25g REC D BY REGISTRAR VR A15 (4) 30M REV 1/68 Bethesda, Md. DATE APR





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04300

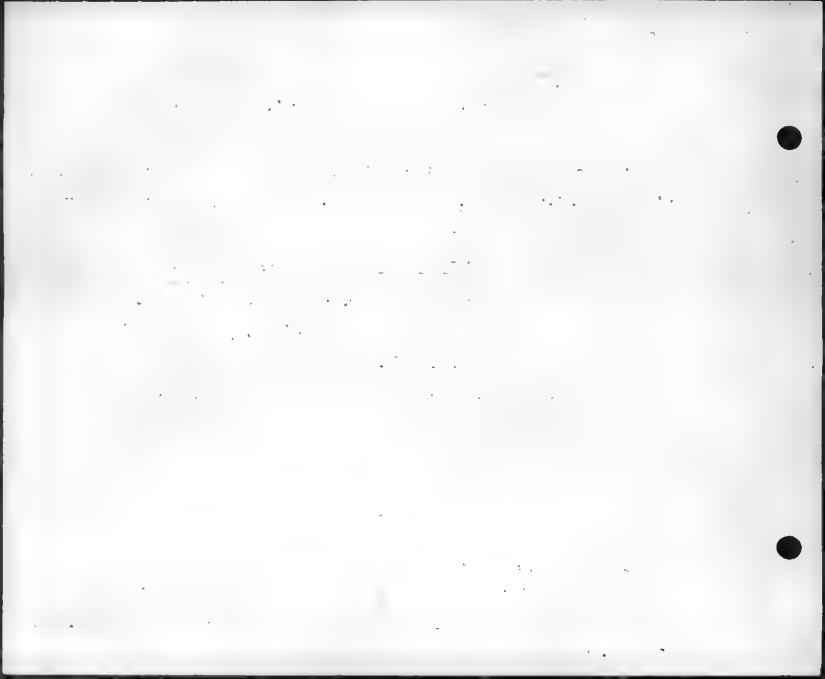
	ECEASED-NAME	First		M•dd1e		Lost		20 DATE OF DEATH			2b HOUR	
A c	Type of print)	STEPHE	N	NMN	I	TLANAGAN		MAÎ	RCH I	5 68	8:32FM	
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7o.	Atherin Laboration	or foreign		F WHAT COUNTRY?	8 ASADDIE	D NEVER MARI		COUNTY OF DEAT		1 7 7	-	
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		(Where deceose	ed lived, if ins	stitution Residence befo	re/ 13c. CITY	OR TOWN	13d INSIDE CITY LIMIT	_	ND NUMBER			
- Outil	FLA		130 COOK	SCAMBIA L	PENS	COLA	YES NO	216 K	ALASH R	D.		
14	FATHER'S NAME	First	Midd	Re Lost		1s. MOTHER'S MA	IDEN NAME First		Middle		Lost	
1	RA	AYMOND	A	FLANA	GAN		ELLE	N		W	HALEN	
160	. WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURI		INFORMANT			Address			
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F	1	ATH (Foter onl	v nne rouse n	er line for (o), (b), and	(4)	ALLEANANIA				APPROX	MATE INTERVAL	
		H WAS CAUSED	BY:	Cardio-re	eniret	orv erre	et.			BETWEEN I	DISSET AND DEATH	
1	7111					ory arre						
1	Conditions if any			OR AS A CONSEQUENCE		+ follow	20					
		Conditions, if ony, which gove (b) congestive heart failure										
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
		(c) Congenital heart disease; tetraology of fallot; inter-atrial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(o) septal defect										
	PART 2 OTHER SI	GNIFICANT CON	DITIONS CONT	KIROLING TO DEATH BO	NUL RELATED	TO THE TERMINAL	DISEASE OR CON	DIL ON GIVEN IN PA	ARI I(o) SE	prar del	lect	
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3	190. DATE OF OPER	ATION 196.	CONDITION FOR	R WHICH OPERATION WAS	PERFORMED	20a. AUTO	PSY?	CAUSES OF DI	VERE FINDINGS	CONSIDERED IN C	ERTIFYING	
CERTIFICATION						YES	NO 🗀	CRUSES OF D	Yes			
	210 ACCIDENT W			AE OF INJURY		HOW INJURY OCC	URRED (Enter n	oture of injury in P	ort 1 or Port 2	Item 18)		
MEDICAL	OR CONTRIBUTING			A.M. Month Doy Ye P.M	19							
N. N.	21d. INJURY OCC	JRRED 21e.		IRY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC	FACEDRY, 21F	LOCATION Street	or R.F.D. No.	City or Tov	wn	County	Stote	
	While Not wo											
	22o. I certify	thorzón (thi	s hospital).	attended the dece	ased from_	Feb. 27	19 0	to Marc	ch 15, 19	9 68 , that	Q1 (we) lost	
	saw the	deceased of	ive an M	larch 15	19 68,0	ind that in the	(our) opini	on death accur	ed an the d	ate ond hour	ond from the	
	CONZEZ 21	toted obove	次(I) (yve) (c	did) (djærær) view ti	ne body afte	er deoth.						
	22b. SIGNATURE		. //			ATTENDIN	G MED	. STAF		DATE SIGNED	200	
		Hiau	1		DE	GREE PHYS.	☐ DIRE	CTOR PHY	s. 🗷 M	lar 18,	T368	
	72d PRYSCIAN'S NAME (Type)	V T	מיקור M	a d		22e. ADDI						
	MAN'E 174bel	. A. I	MED, III	ь Б.		Na	val Hos	pital, B	ethesda	. Maryl	and	
230	BURIAL, CREMATIC	N, 23b E		23c NAME	OF CEMETERY C	OR CREMATORY	0	23d LOCAT ON (Crt	y or Town)	(County)	(Stote)	
	REMOVAL (Specify	3	-20-6	8 Barra	ancas I	National	1	ry Pensa				
24.	FUNERAL DIRECTOR		rt A.	Pumphreyor	Wheral	Home	250 RECOBY	REGISTRAR 2	Sh REGISTRAR	S SIGNATURE	11/43-	
	TET III -			Dothoode			DATE MAT	(Zb IJO	0 500	J. 1 1		

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 4 may be retained by the haspital ar attending plysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages Jana shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after degr





_	1	MARYLAND STATE DEPARTMENT OF HEALTH
1	:	tems#13c,e Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		11 mr/G 39.9 11/11/68 km
death.	1. 0	eccased NAME first Middle Frye 2a. DATE OF DEATH 2b. HOUR 1990 or point) Prye 12a. DATE OF DEATH 90ay Year 2b. HOUR 865
	3. 5	S. DATE OF BIRTH Settiale 4 RACE White S. DATE OF BIRTH 5 AGE (In years lifunder 1 year lifunder 24 HRS.) MONTHS OAYS HOURS MIN 2 YRS. 9 29
24 hours and in lay in lay in 172 hours	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED MONTEOMERY MONTEOMERY MONTEOMERY
or filed within 7	10.	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street address) Suburban Tosp. 12b KIND OF BUSINESS OR during most of warking life, even if retired) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired) 12b KIND OF BUSINESS OR during most of warking life, even if retired)
requies that the death certificate be executed within g physician. I signed by the attending physician and campletely fill burial-transit permit. Then please remaye carban be a burial, crematian, ar remayal, and in any event, within	13o. adm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY DIO TOWN, 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 175 Profit of The State o
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quims that the physician. signed by the burial-transit burial, aremat		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE.
equims that physician. signed by burial-tran. burial, crem		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law reattending has been se as the hip priar to	ATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
t: The or atterned by the pass of the pass	CERTIFICATION	YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.)
PHYSICIAN: e haspital or his certificate stached for u Dept. of Hea	MED CAL	□ CR CONTRIBUTING □ CAUSE OF GEATH HOUR A.M. Manth Day Yeor (If either, notify medical examiner) P.M. 19
iNG PHYSICIA by the hospital fter this certificate be detached for state Dept. of H	25	21d. INJURY OCCURRED While Not while of wark Not wark 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street or R F D. No City or Town County State
		22a. I certify that (I) (this hospital pattended the decreased from 200, 190, 190, 190, 190, 190, 190, 190, 1
OR ATTENION DIRECTOR: A Should ed with the		226 SIGNATURE MED. STAFF 22c DATE SIGNED STAFF DIRECTOR D
O HOSPITAL Page 4 may b O FUNERAL D director, pag shauld be file		22d. PHYSICIANS NAME(Type) Milton Westberg 431 N. Fr derick Ave. Gaithersburg. M
Page / Pun direct	.230	BUR AL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Lutheran Church Cem. Lovettsville Virginia
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR ADDRESS Son Wheeler Funeral Home 1331 Tock. Pikear MAR 2 6 1958 REGISTRAR'S SIGNATURE PROCESS.
		Rockville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOLIR DECEASED-NAME Middle Last 2o. DATE OF DEATH March Month 21 Doy Μ. GARDNER 1968 fuyferai and (Type or print) Williamina 900A 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH last birthday) Oct. 5, 1891 NO: UP C the Caucasian Female within 72 haurs requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED physician and campletely filled in en please remave carban papers. Scotland. USA WIDOWED X DIVORCED [Montgomery 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR IO, CITY OR TOWN OF DEATH give street address) during most of working life, even if retired)
Housewife Naval Hospital Bethesda 13a USUA! RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. NSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY 9624 Burke View Ave Burke and in any 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Last Isabell Taylor Mitchell William 4 8 1 Burke, Va. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yes negot unknown) (If yes give war or dates of service) 034-16-8648 Mr. William E. Gardner, 9624 Burke View Ave. the attending phy sit permit. Then or remova APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line fat (a), (b), and (c).)
PART : DEATH WAS CAUSED BY Adenocarcinoma of the stomach with metastases IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes NO 🔲 YES X 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) be detached State Dept. af 21d IN, JRY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State 22a. I certify that (1) (this haspital) attended the deceased from Mar. 20 , 19 68, to Mar. 21 , 19 68, that (1) (we) last saw the deceased alive an Mar. 21 1968, and that in (2012) (our) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (4676) view the body after death. 4 may be retained director, page 3 shauld shauld be filed with the 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 21 March 1968 DEGREE Naval Hospital, Bethesda, Maryland 22d. PHYSICIAN'S W. J. Fouty M. D. NAME (Type) 23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) Northboro, Massachusetts REMOVAL (Special) Howard Street 24 FUNERAL DIRECTOR Falls Church Funeralpottome REGISTRAR'S SIGNATURE 25b VR A15 (4) 1102 West Broad Street, Falls Church, Va. 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH death, 24-bours after death pub (Type or print) illed in by the funeral S DATE OF BIRTH IF UNDER 1 YEAR SEX 4. RACE 1886 AGE (In years HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH KIRTHPLACE (State or foreign MARRIED NEVER MARRIED DIVORCED [WIDOWED DC 125 KAND OF BUSINESS OR INDUSTRY within 12g USUAL OCCUPATION (Kind of work at IC CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (if not in hospital requires that the death certificate be executed within give street address) please remave carban physician and completely en please remave carban 73c. City or town 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 3a. LSUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE COLTON POINTYES MOTHERS MAIDEN NAME First MARY ENIZABLETH RUSSELL 14 FATHER'S NAME Middle 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes na or unknown) (If yes give war or dates at service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriar-transit p Conditions, if any, which gave) rse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital or attending physician. stating the underlying cause be detached for use as the buriar-State Dept. of Health prior ta burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n, DATE OF OPERATION 196 COND TION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [210 ACCIDENT WAS JNDERLY NG 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item 18) 216 TIME OF NJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While hot while at wark at work ATTENDING 3 - C ... 19 68, that (1) (we) last 22a. I certify that (1) (this hospital) attended the deceased from _5 - 4 ___, 19_628, ta. __1962, and that in (my) (our) opin an death occurred on the date and hour and from the saw the deceased abve on... Page 4 may be retained director, page 3 should should be filed with the couses stated abaye, (1) (we) (did) (did not) view the body ofter deoth. 22c DATE SIGNED 22b S GNAFURE) 7 C ATTENDING PHYS DIRECTOR 22d PHYSICIAN S 22e. ADDRESS NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL, CREMAT ON, BUR IAL (Specify) ST. MARY S. MARYLAND MARCH9. 1968 SACRED HEART CEMETERY Bushwood, REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR 2So. RECD BY REGISTRAR 30M REV 1/68 1968 LEONARDTOWN, MARYLAND W.CLARKE MATTINGLEY





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 1. DECEASED NAME 2b HOUR GERTRIDE GERBER (Type or print) NOKE 4. RACE IF JNOER I YEAR IF UNDER 24 HRS within 24 hours after 3 SEX S. DATE OF BIRTH 6 AGE (In years last birthday) MONTHS 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED MONTGOMERY WIDOWED [DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done give street address) carban TAKOMA PA WASHINGTON 13a USUAL RES DENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 43d INSIDE CITY MMITS? requires that the death certificate be executed 6700 BELCREST Rd. 13b. COUNTY HYATTSVILLE YES 😿 NO 🗔 remove 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME GOTTLIEB Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. of unknown) KECORDS 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 3 WALLKS FAILURE IMMEDIATE CAUSE (a) CHEMOTHERAPY FOR METHSTAIL CARCINIMA Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CARCINOMA OF LET BREAST PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to l has been 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. State City of Town County O FUNERAL DIRECTOR: After this While Nat while at work 22a. i certify that (1) (this hospital) attended the deceased from TVLY, 1953, to Mech 6, 1968, that (1) (we) last saw the deceased alive an Mech 6, 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the be retained causes stated abave, (I)_(we) (did) (did nat) view the bady after death 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR directar, page should be filed PHYS Page 4 may E 22d. PHYSICIAN S 22e. ADDRESS 7733 DLASKA AVENUE N.W. NAME (Type) 20017 WASHENGIUN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify) Degel Israel Cemetery Burial Lancaster 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Donald M. Stein VR A15 (4) 30M REV, 1/68 Hebrew Memorial Funeral Home St., NW, Wash, D.C.



1		02062		CERTIFIC	ATE OF DEATH		,	03301		
		CEASED-NAME First ype ar print) PATRICK		Middle GIBI	Lost BONS	20. DATE OF DEATH March Month	O Doy 68 Ye	2b. HOUR		
	3 SE	MALE	4 RACE CAUC	CASIAN	S. DATE OF BIRTH March 8, 19	6 AGE (In last birthe	years IF UNDER 1: day} MONTHS	YEAR IF UNDER 24 MRS. DAYS HOURS MIN		
	7a B caun	SIRTHPLACE (State or foreign 7th MARYTAND	UNITED STA		NEVER MARKIED	MONTGOMERY	COUNTY	Mo		
	10. C	ITY OR TOWN OF DEATH BLEHESDA		OSPITAL OR INSTITUTION (If no ress) US NAVAL 1	t in haspital 12a USUA HOSPITAL during ma	L OCCUPATION (Kind of wo st of working life, even if		ND OF BUSINESS OR TRY		
,	13a. admi	USUAL RESIDENCE (Where deceased ssian) STATE MARYLAND	Fived, if institution Residents Resi	lence befare 13c CITY OR PGOMERY BETHI	TOWN 13d INSIDE CITY LIN ESDA YES NO		JMBER SIN AVE.			
1	14. F	JOSEPH	M G3	Last EBBONS	MOTHER'S MAIDEN NAME FIN	E	Middle SWI	LOST LTZER		
		WAS DECEASED EVER IN U.S. ARMED (15 yes gree word)			NFORMANT DSEPH M. GIBB	·		Md., Cheverl		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave nise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
/	CERTIFICATION	190. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY? YES ₹ NO □	20b. IF YES, WERE F CAUSES OF DEATH?	FINDINGS CONSIDERED Yes	IN CERTIFYING		
	MFD+CAL CER	at work at work	HOUR A.M. Manth P.M. ACE OF INJURY (AT HOME, OFFICE BU	FARM, STREET, FACTORY.) 21F. LO	OW INJURY OCCURRED (Enter	City or Town	County			
		22a. I certify that (1) (this saw the deceased aliv causes stated above) ((We) (did) (did)	triview the bady ofter o	deoth. ATTENDING M	TO STATE	22c. DATE SIGN	IED		
,		22d. PHYSICIAN S NAME (Type G. P. SW		DEGR	22e. ADDRESS	PTTAL BETHE		arch 1968		
	23a.	BURIAL, CREMATION, 236 DA	TE 2:	3c NAME OF CEMETERY OR		23d LOCATION (C ty or To	awn) (Caunty			

A. Pumphrey Fulleral Home

Wicconsin Ave. Bethesda Md

1968

REGISTRAR'S SIGNATURE

250 REC'D BY REGISTRAR

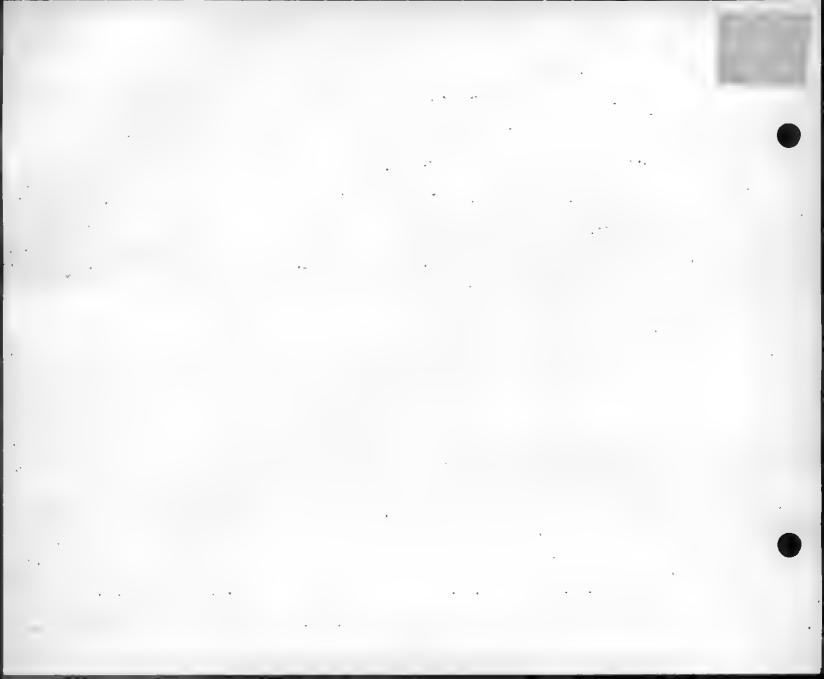
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 2 hours. VR A15 (4) 30M REV 1/68

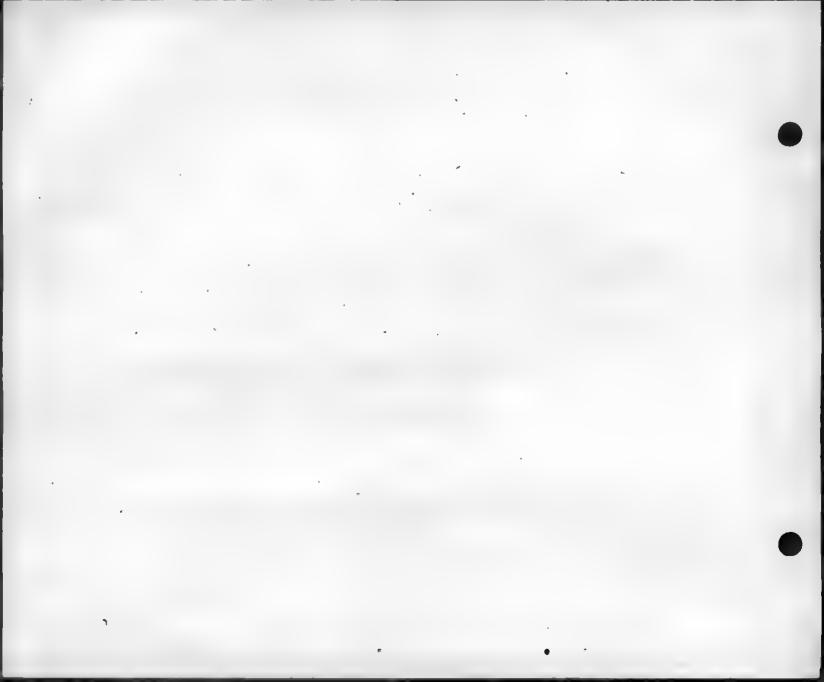
24 FUNERAL DIRECTOR Robert

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate sexecuted within 24 haurs after disath

Page 4 may be retained by the haspital ar attending physician.

72 hours





Arlington National Cemetery, Arlington, Virginia

250. RECU BY REGISTRAR 1968 256 REGISTRAR'S SIGNATURE OATMAR 2 6 1968

majories that the deoth certificate ba executed within 24 haurs after dath. signed by the ottending physicion ond completely filled in by the funeral burial-tronsit permit. Then please remove carbon papers. Pages I ond burial, cremation, or removal, and in ony event, within 72 hours afterward Page 4 may be retained by the Cospital or attending to FUNERAL DIRECTOR: After this certificate has been os the for use director, page should be filed

J4320

Female.

1, DECEASED NAME

3. SEX

(Type or print)

Bethesda

19a, DATE OF OPERATION

While Not while at work

22b. SIGNATURE

22d. PHYSICIAN S

230 BURIAL, CREMATION, REMOVAL (Specify) Burial

NAME (Type)

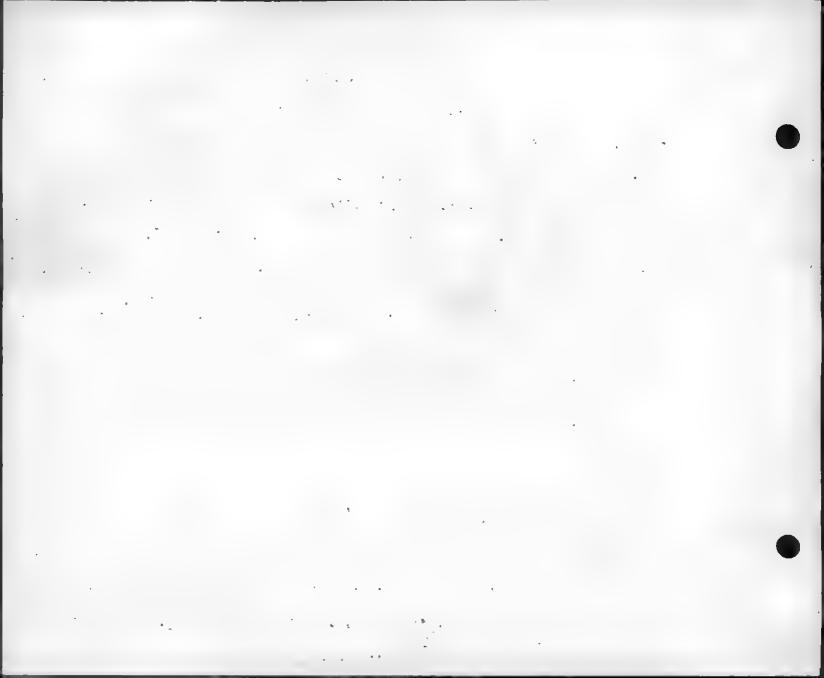
3/22/68

24 FUNERAL DIRECTOR Tyson-Wheeler Funeral frome

1331 East Montgomery Ave. Rockville, Md.

14. FATHER'S NAME

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle 2c DATE OF DEATH 26 HOUR (Type or print) 3. SEX 6. AGE (In years F. INDER 1 YEAR eose remove corbon popers. Poges and in ony event, within 72 hours afte lost birthdoy) MONTHS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 24 hour 8. MARRIED NEVER MARRIED country) ⊑ DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR The law requires that the death certificate be executed within during most of working life, even if retired) 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 136. INSIDE TY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Silver 8604 Sundale Drive MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT AddreSilver Spring, Md Yes, no or unknown) burial, cremation, ar removal, 579-07-0094A 8604 Sundale Drive Corinne M 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY:

1 MMEDIATE CAUSE (g) Canditions, if any, which gave t burial-transit rise to immediate cause (a), DUE TO, OR-AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 Poge 4 may be retained by the hospital or attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [7] NO 🗾 21g ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of mury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM. STREET, FACTORY 21f LOCATION Street or R.F.D No. State City or Town County While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased fram starry, 1962, to I March, 1968, that (I) (we) tast saw the deceased alive an 29 feet 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave (1) (me) (did) (did net) view the bady ofter deoth. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Gate of Heaven Md 250. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 MAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH First Middle 2b. HOUR-Last death. pug (Type or print) Month ero IF WADER . YEAR 4. RACE 6 AGE (in years IF UNDER 24 HRS last birthdov) MONTHS Days HOHRS male 7o. BIRTHP_ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH B. MARRIED NEVER MARRIED country) GperII. .⊆ DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR MISTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY carbai 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3e STREET AND-NUMBER 13c CITY OR 13d. SHSIDE CITY LIMITS? requires that the death certificate be executed admission) STATE 13b COUNTY the attending physician camous 14 FATHER'S NAME MOTHER'S MAIDEN NAME First Middle 16b SOCIAL SECURITY NO 17 INFORMANT 160, WAS DECEASED EVER IN L.S. ARMED FORCES? Address (It yes give war or dates of service) Yes, no, prunknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by the attending burnel transit permit burnel, cremation, ar re-Kecuner ZMONTHS IMMEDIATE (AUSE (a) Conditions, if any, which gove ! rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CARC. ESUPHAGUS CAUSES OF DEATH? YRS AGO YES [for use by the haspital ar 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) detached Dept. 21d. INLURY OCCURRED (AT HOME FARM STREET, FACTORY.) 211 LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Nat while of work March 1961 Plazel 22a. I certify that (I) (this hospital) attended the deceased from March 10 19 6 & and that in (my) (our) apinion death accurred on the date and haur and from the saw the deceased alive an_ be retained shauld causes stated abave, (1) (and (did nat) view the bady after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS director, page 3 should be filed DIRECTOR 22e ADDRESS PHYSIC AN S NAME (Type) & 23d LOCATION (Exty or Town) BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2n. DATE OF DEATH 2b HOUR DECEASED NAME First uneral 1 ond 2 3r death, Month (Type or print) IF UNDER 24 HRS 4 RACE 6. AGE (In years F JADER 1 YEAR 3. SEX 8/28/1 lost birthdoy) MONTHS RXXXXX White Male 24 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED X DOEVER MARRIED country) papers. Ala. USA WIDOWED DIVORCED Montdomerv 2a USUAL OCCUPAT ON (Kind of work done IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, eyen if retired) INDUSTRY please remove carbon Cross OFERATOR SERVICE Silver Spring 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LAM TS? RFD#1, Box207/MissionRd odmission) STATE 13b COUNTY ard essup, Md YES -Md. Middle 14 FATHER S NAME Middle Last IS MOTHER'S MAIDEN NAME First First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates at service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremation. BRIOSCLEROTIC HEART DISEASE Conditions, if any, which gove) buriol-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSCIDENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN os the prior to has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate by the hospital or 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY. 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Caunty State While Not while at work at work 220. I certify that (!) (this haspital) attended the deceased from 12 FCB _, 19 (to / MATE saw the deceased alive on 1 MARCH 1968, and that in (my) (our) opinion death occurred on the date and hour and from the be retoined causes stated above, (1) (we) (did) (did not) view the body after deoth. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DEGREE PHYS DIRECTOR 22a. ADDRESS HYSICIAN S director, po should be f NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY **SURIAL CREMATION** REMOVAL (Specify) FUNERAL DIRECTOR ADDAPS: 2Sa. REC'D BY VR A15 (4), 30M REV. 1/68 DATE

, * 1 the same of the 2 * . . . + . .

ATTENDING PHYS

22e. ADDRESS

25a.

DATE

DIRECTOR

(State)

O HOSPITAL

Page 4 may

VR AT5 (4) 30M REV, 1/68

PHYSICIAN'S NAME (Type)

FUNERAL DIRECTOR

DIDOCECLEUSALIFONE 4217 9TH ST. NICO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 2e DATE OF DEATH Day 3 O Year 68 Month 3 (Type or print) JAMES JONGWER The law requires that the death certificate be executed within 24 haurs after 3 SEX 4 RACE S. DATE OF BIRTH IF LINDER YEAR 6 AGE (In years lost birthday) Days August 5 White 7o. B!RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XX NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED [completely filled in nove carban paper WIDOWED [Montgomery Ohio 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR during most of work no life, even if refired)
Consulting ingineer give street oddress) rmployed Rockville 10500 Rockville Pike event, 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIM TS? admission) STATE 13b. COUNTY YES ... NO remove Rockville Montgomery Marylani and in any 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle Last physician a ien please Minnick Clara Gongwer 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) (If was give war or dates of service) Genevieve B. Gongwer, Wife, Same as #13 577-09-2378 burial, cremation, ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORUMARY cute Immed. DUE TO, OR AS A CONSEQUENCE OF RTERIUSCIEROTIC CORONARY HEART DISPESSE signed by the burial-transit Conditions, if only, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cousei RTERIOSCLEROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the prior to has been FLLITUS 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 8 CAUSES OF DEATH? YES 🗀 NO P **FUNERAL DIRECTOR:** After this certificate 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. EOCATION Street or R.F.D. No. Dept 21d. INJURY OCCURRED Stote City or Town County While Nat while at work director, page 3 shauld should be filed with the causes stated above, (1) (we) (did not) view the bady after death. 221 SIGNATURE ATTENDING MED DIRECTOR PHYS 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 2 4/2/68 Rockville, Montg., Md. Parklawn Cemetery 2Sb. REGISTRAR'S SIGNATUR 5130 Wisconsin Ave. N.W. 2Sq. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 1968 Joseph Gawler's Sons, Washington, D.C. DATEAPR



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MADVIAND STATE DEDADTMENT OF HEALTH

	11	NAKTLAN	D SIK	IE DEFAR	FEMILIALE	OF HEALIT	1	
DIVISION	OF VITAL	RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
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		1				3 11	68	3 7 M	
3. SEX	4. RACE			S. DATE OF BII	RTH	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.	
Gemale		White	- 10		3, 1880	87 YRS.			
7a, BIRTHPLACE (State of		N OF WHAT COUNTRY?		NEVER MAR	KIED]	OUNTY OF DEATH			
Jenne			WIDOWED		CED	Montgomery		Md	
10. CITY OR TOWN OF I		11, NAME OF HOSPITAL OR	INSTITUTION (IF	nat in haspital	during most	CCUPATION (Kind of work done	12b. KIND OF INDUSTRY		
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		Montgomery	Kensu		77 -	1034/ St. Fau	u Stree	it.	
14 FATHER S NAME		Aiddle Las		IS. MOTHER S MA	DEN NAME First	Middle		Losi	
	Thomas	Gis	vens		Ele	anox	An	iderson	
16a. WAS DECEASED EV Yes_na. or unknown	ER IN U.S. ARMED FORCES [If yes give war or dates of s	5? 16b. SOCIAL SECURI	TY NO 17	INFORMANT		LOS47 St. Address	Street	t	
No		213-56-1	5070	llen G	Davis	Kensington, Ma		MATE INTERVAL	
	ATH (Enter only one caus H WAS CAUSED BY:	se per line far (a), (b), and	(c).)	,	, ,			INSET AND DEATH	
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1. 4.0		TO, OR AS A CONSEQUENCE	OF	-					
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stating the unde	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF								
_	lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)								
PART 2 OTHER SI	SNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED 1	O THE TERMINAL	DISEASE OR COND	DITION GIVEN IN PART 1(a)			
S PATE OF ONE		MCI-ALTHAN	OCOS TOUR	20a, AUTO	n nevo	20b. IF YES, WERE FINDINGS O	ORCIDEDED IN C	TOTIEVING	
196. DATE OF OPER	TION 130 CONDITION	FOR WHICH OPERATION WAS	PERPURMEU		лен <mark>Ж</mark> 0и	CAUSES OF DEATH?	ONSIDERED IN C	EKHTING	
190. DATE OF OPER	AS LINDERLYING TOTAL	TIME OF INJURY	21, 1	YES T		ture of injury in Port 1 or Port 2,	Hom 191		
3 □ OR CONTRIBUTING	CAUSE OF DEATH HOU	JR A.M. Manth Day Yo		TOW INJUNT OUC	OKKED (ciliai lid	tore at impry in rott I of roll 2,	Helli To.)		
OR CONTRIBUTING (If either, notify in the contribution) 21d INJURY OCCU	nedicol examiner)	P.M. INJURY # AT HOME, FARM, STREET	FACTORY \ DIS I	ocation Street	e or DED No	City or Town	Caunty	State	
While T Nat w	ule []	OFFICE BUILDING, ETC.	7 211. 1	OCATION SHEE	1 OI K.P.D. NO.	city of Town	county	31010	
		at) attended the dece	good from	73/4	10 69	2, ta 3/1/ 19	6 Je that	(i) (we) last	
saw the	deceased alive on	3//C	_19 - or			n death occurred on the do			
couses s	oted above, (i) (we) (did) (did not) view tl	he body ofter	death.	,,,,,,,				
22b. SIGNATURE		¥		ATTENDIN	IG 📥 "MED.	STAFF CD 22c.	DAJE SIGNED		
	leson a	A. Brew	DEG	REE PHYS.	DIREC		11/40	5	
22d. PHYSICIAN'S NAME (Type)	6 9			22e ADD	-		to to	100	
	George Bo			2410		icut Avenue, N.	W. Was	14.71.(
230. BURIAL, CREMATIC			OF CEMETERY OF			3d. LOCATION (City or Town)	(County)	(State)	
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24 HINERAL DIRECTOR	C.Glen Car	ter 8434 GE	ess egraia t		250. REC'D BY R	0 1968 25b REGISTRAR'S	CO June	1	
anner (.	Dumphreu, 9	nc. Silver	Spring	Md.	DAMAR 2	0 1000	9 9	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely siled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbun papers. Pageshould be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, without a burial.

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attenling physician.

VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH										613 1	10		
Ī		CEASED-NAME Firs	t	Middle		Last	2a. DATE OF				2b F	HOUR	
1	(T	ype or print) HEL	EN	xiode E.		GREENE		Month	Dgy	Yeor	9.	- M	
3	. SE	X	4. RACE			S. DATE OF BIRTH		6. AGE (In years		F UNDER 1 YEAR	IF UNDER		
		FEMALE	CAU	CAS, AL		1-19-9	7	lost birthdoy)	YRS.	ONTHS DAYS	HOURS	MIN	
		IRTHPLACE (State or foreign	7b. CIT-ZEN OF W	VHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. COUNTY OF	DEATH					
- 1	Country) PA. U.S.A. WIDOWED DIVORCED MONTGONICAGE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done)											Md	
, lī											BUSINESS	OR	
Silver Spring gve street address) C2055 Hospital Housewife Own h										ome.			
130 LSUAL RESIDENCE (Where deceased, lived, f institution, Residence before 13c CITY OR TOWN) 13d INSIDECITY JMITS? 13e, STREET AND NUMBER													
	ldmi	ssionly STATE and	135. COUNTY	ntaomery	Silvi	er Spring	NO 2	06 16th	Star	eet			
7 1	4. F	ATHER'S NAME First	Middle	Lost		15. MOTHER'S MAIDEN NAME		Midd	le	Lost			
Ĺ		Edward		Ecki			atherin			Boyle			
П		WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES?	166 SOCIAL SECURITY I	17	. INFORMANT		Addre	55				
		ne	·	yes	17 (John 1) Green	e 8306	16th St.		:1 Sn	. M	1	
-	-	18 CAUSE OF DEATH (Enter of		line for (o), (b), and (c))			infarcti	วัน	BETWEEN O	NATE INTERV	EATR	
1		PART 1 DEATH WAS CAUS	IATE CAUSE (a)	Houte cor	onar	y Thrombos	s with	Myocardi	a l	lldays			
-1	DUE TO, OR AS A CONSEQUENCE OF									10	, '		
-1	Conditions, if any, which gave) (b) Coronary atherosclerosis									Seiter	al ye	ars	
-	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF										,		
1		lost. (c)											
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
1	8	. /	Dia	neles me	llilu		Throm			mingach III. cr			
	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CON										,	
<u>' </u>	ERTIF	210. ACCIDENT WAS UNDERLY	INC. JOH TIME	OF INTURY	In	YES NO		0 4 7 . 0	- 0 fe-	. 10)			
-		OR CONTRIBUTING CAUSE OF DE			210	HOW INJURY OCCURRED (En	ier nature at inju	ry in Part For Po	IT 2, Ife	m te.)			
1	MEDICAL	(If either, notify medical exon				LOCATION CONTRACTOR DED A	(- C.h.	T		Carati	e,	itate	
		Whi e Not while ot work at wark	J. PLACE OF INJUKT	OFFICE BUILDING, ETC.	10k1.	LOCATION Street or R.F.D. N	ia. City	ar Tawn		County	۵	IGIE	
		of work of work	his becausely as	anded the decease	d fram	Eshmany 25 10	60 to 0	/lar.h 7	10/	∠ that ✓	f1\ f	a) last	
		22a. I certify that (1) (this haspital) attended the deceased from February 25, 1968, ta March 7, 1968, that (1) (we) last saw the deceased alive an March 6, and that in (my) (aur) apinion death accurred on the date and haur and from the											
1		causes stated abov	re, (I) (we) (did) (did nat) view the	bady afte	r death.							
1		22b. SIGNATURE	10	N.A.		ATTENDING 🖂	MED	STAFF		TE SIGNED	1		
		Dennex U. Ville fr. DEGREE PHYS DIRECTOR I PHYS. I March 1,1968											
		22d. PHYSICIAN'S NAME (Type)	inet A.	Porter J	Y.M	D. 9301 C	lesville	Rd., S.	lyer	Spring	M	9	
	23 o.		. DATE	23c NAME OF	CEMETERY C	OR CREMATORY	23d. LOCATIO	ON (City or Town)		(County)	(State)	
		REMOVAL (Specify) Ma	4. 9. 190	68 Gate	of He	coven cemeter	y Silne	en Sprin	a Mo	enta 1	lanu.	land	
	-	FUNERAL DIRECTOR Clar	1 / 1.10	OR CELIADDRESS	11 4 /	2So REC'D	BY REGISTRAR	OCAS REGIST	MRSS	GMATURE LA	sge.		
	V.	arner E. Pump	heey Inc.	. 8434 Ga.	. Ave	S.S. Martine M.	AR 8 1	1		0	The same		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed; within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate h≡s been signed by the attending physician and completely filled in overal director, page 3 shaulf. We detached for use as th≡ burial-transit permit. Then please remayer about papers, Fagishauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 Hours

and 2

VR ATS (4) 3



MARYLAND STATE DEPARTMENT OF HEALTH .4332 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 20. DATE OF DEATH 2b HOUR death. the funeral (Type or print) Month 3 SEX within 72 haurs after 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS 11-22-19 -e Male 70 B RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH law requires that the death certificate be executed within 24 hous MARRIED NEVER MARRIED country) ~ signed by the attending physician and campletely filled in burial-transit permit. Then please remave carbon papers. WIDOWED 50 DIVORCED 45510 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b KIND OF BUSINESS OR during mast of working i fe, even if retired.) give street oddress) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before) 136. PHSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🔀 NO ar removal, and in any 4. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Morris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service) 7600 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! Page 4 may be retained by the hospital or attending physician burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN_PART 1(o) for Funeral Director: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept of Health prior to CERTIFICATION 190. DATE OF OPERATION 20b. (F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES T 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State Gty or Town White Nat while at work causes stated abave, (1) (we) (dld) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 01 23a_BURIAL, CREMATION (County) 2So. RECD BY WNERAL DIRECTOR VR A15 [4]: 30M REV 1/68

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FOR STATE	١.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		CEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 25 HO.
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m a del	, ,	asi birthday) MONTHS DAYS HOURS MIN. Month Day Year
> / & 8		zle White 12/5/92 75 MS 03 03 068 K P
\$ 1. a d	COU	RTHP_ACE (Stole or fore.gn 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
		Kansas U.S.A. WIDOWED Montgomery
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s after 18 Gir along with death.	0	m ssion) STATE Md. 13b (OUNTY) Silver Spring NO 2 3386 Chiswick Ct.
hours Item 10 Office Land2	14	ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
hour Item Office I and S	114	
		Hugh B. Gridley Nellie T. Edgerton
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terification of trans.	MEDICAL	CAUSE OF DEATH P.M 19
S S S S S S S S S S S S S S S S S S S	EM.	21d N.JRY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 2 of LOCATION Street or R.F.D. No City or Town County State
EXAMINER: ute the certi age 4 shauld yaur f.les. Page 3 shou		WHILE NOT WHILE of foctory, office building, etc.)
		22a 1 certify that Ltaak charge of the remains described above; heldran Autopsy , Inspection , Inquiry , and in my apini
5 × .40 C		death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner
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		NAME (TYPE) SELDETV K. KEAP M. JADRESSET OF CHIVATON STORMEY)
5 g t ~ 5 T		BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a DATE OF DEATH 2b. HOUR DECEASED NAME First uneral (Type or print) IF UNDER 1 YEAR 6 AGE (in years F JINDER 24 HRS 4 RACE 3. SEX hin 72 hours afte lost guthdoy) #0LRS OURS 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign MARRIED [NEVER MARRIED [popers. MON WIDOWED Z DIVORCED [NNA. ranuires that the death certificate be executed within 24, physicion and completely filled 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital during most of working life, even if retired)

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120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

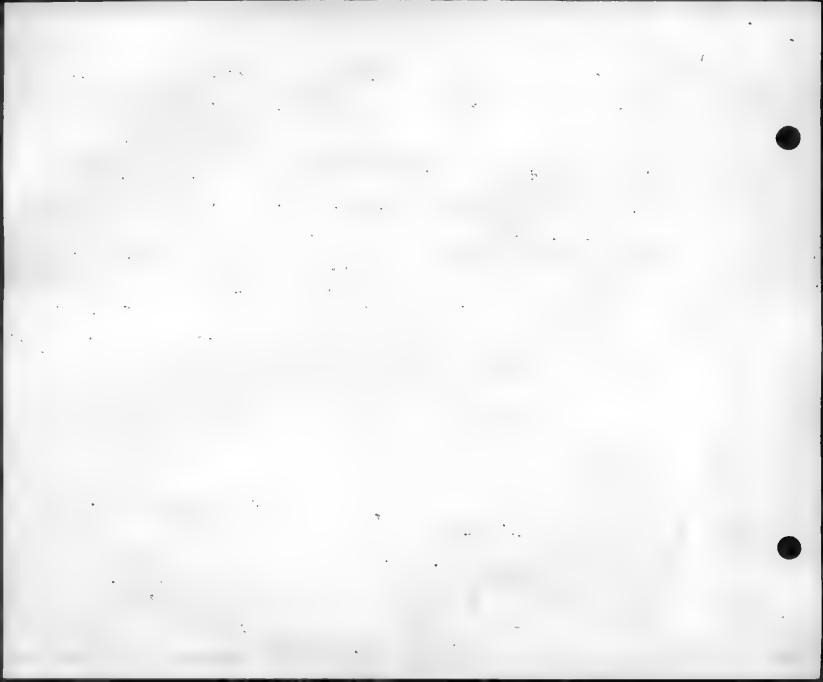
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121 USUAL OCCUPATION (Kind of work done during most of working life, even if retired) IO. CITY, OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY X pleose remove corbon event, 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? N.Kindly Court Gaithersbur Maryland ond in ony 14. FATHER S NAME First Middle IS, MOTHER'S MAIDEN NAME First Middle Last Charles Tisch Laura Atherton Daughter Address ame as Item 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no prunknown) [(If yes give wor or dates of service) la Montaigne cremotion, or removol, Mrs. de APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) Conditions, if any, which gave) signed by the burial-tronsit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to hos been the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? SO CAUSES OF DEATH? YES [NO 17 Heolth I O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of miury in Port 1 or Part 2, Item 18) 216 TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year PM (If either, natify med col exominer) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 1965, to MAC. 22, 19 14(Y, that couses stated abave, (i) (we) (did) (did view the bady ofter death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING PHYS. director, poge should be filed 22e. ADDRESS 11602 Georgia Ave. 22d. PHYSICIAN'S Morris Perry NAME (Type) Spring. Maryland should NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote) 23a BURIAL, CREMATION, 23b. DATE Burial Selinsgove. 3-26-68 Union Cemetery Penna. 2So. REC'D BY REGISTRAR

VR AT5 (4) 30M REV T/68

24 FUNERAL DIRECTOR PUMPHREY. Bethesda. Maryland

25b. REGISTRAR'S SIGNATUR



_ 1	I t	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	321
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lay is Page	L	DARLENE ANN QUINOE DEATH MATER 3	8 1968 12 AM
y delay is and 3 to PM3. Page artment of	3 51	SEX 4 RACE S DATE OF BIRTH 6 AGE (n years lif under 1 YEAR F JADUR 24 MRS 2c. DATE PRONOUNCED DEAD 1 YRS YRS PARS 1 YRS P	Year 148 24 HOUR
	coun	BIRTHPLACE (State or foreign of WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED MONTGOMERY	Md
dead			126 KIND OF BUSINESS OR NDUSTRY
hours after de Item 18. Give Office along w ond 2 with the after death.		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY SIM-157 13e STREET AND NUMBER DAMISSION) STATE TO THE COUNTY COUNTY SIMILE YES NO 54425 1614	AVE.
hours Item 18 Office I and 2	14. F	FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle	Last
			OLA'N
n pencl in Exam ner's File pages		WAS DECEASED EVER 18 U.S. ARMED FORCES? Yes, na, prunknown) (If yos give war or darlos of sorrce) 16b SOCIAL SECURITY NO 17 INFORMANT LEONA KRAMER ADDRESS MOTHER-5520 Dougate Cf.	Rockville Md
		IR CAUSE OF DEATH (Fater only one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pending' in pending' in ef Medical Ex nsit permit. Fi		PART I. DEATH WAS CAUSED BY Acute generalized peritonitis secondary	
X 문호 유 등		OUE TO, OR AS A CONSEQUENCE OF Conditions, it only, which gave) to perforation of injury cause universal or	
d be Che Che trans		nse la immediate cause (a) (b) 1	
war war the rial-		lost	
ate she at the sed to so but in and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
verificate writing the rwarded to seed as a lased as a lased, and	_		
is certificate si te, writing the forwarded to ie used as a bu remaval, and ii	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
= = a = /	RTIFI	,	YES NO 🗆
生 一 一	MEDICAL CE	216 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P M. 19	n 18.)
(AMINER: te the cert te the cert te the cert te 4 shault fan files. age 3 show cremation,	ME	2 d IN.JRY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f LOCATION Street or R.F.D. No City or Town	Caunty State
George Page Far y		220 certify that I took charge of the remoins described above, held an Autopsy . Inspection . Inquiry	and in my opin on
e exector of the control of the cont		death resulted from: Natural causes 🔿 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner [J
direct di		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
7. ple eral d profit AL D		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	IGNED
o DEPUTY necessary, pleas the funeral dire s may be retain 5 FUNERAL DIR Health priar ta		NAME (Type) BELDEN R. READ M. D. ADDRESSIVE DELOTION COUNTY)	1-768
necessor the function of Function	23a	BURIAL CREMATION 23b DATE 23c. NAME OF CAMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
		Burial March 20, 1968 Ft Lincoln Cemetery Colmar Manor Pro	
VR A15ME (5) 10M REV 1/68	24	FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. PADRESS ADDRESS PAGE MAR 2 1 1968 REGISTRAR S SI DATE MAR 2 1 1968	
IOW KEY 1/08	_	No. C	

. 21 . 1 me - 12/8 -LAM M. 2 4 V4336

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

 	•
CERTIFICATE	OF DEATH

			CEIX III II	AIL OI DEATI				
1 DECEASED NAME	First	Middle		Last	20 DATE OF			26. HOMR N
(Type ar pant)	RICHARD	HENRY	Gu	INTHER	3	Month 15 Day	1968	10:36
3 SEX	4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE		WHITE		8-24-12		last birthday) 55 YRS.	MUNIOS DK12	In Did K2 I all III
o. BIRTHPLACE (State or f	oreign 7b. CITIZEN C	F WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
country)	U.	S.A	WIDOWED		1	ONTGOMERY		Md.
O CITY OR TOWN OF DEA		11. NAME OF HOSPITAL OR IN	TITUTION (If r			(Kind of work done	12b KIND OF	BUSINESS OR
ULNEY		give street address)	GENERA	AL HOSPITAL	I mast at warking	life, even if retired.)	INDUSTRY	
130. USUAL RESIDENCE (WI admission) STATE	ere deceosed lived, if in	stitution: Residence before.	13c CITY OF	R TOWN 13d INSIDE C		REET AND NUMBER	Dava	
	YLAND	HOWARD O	GLEI	VEIG YES	NO X	RIDELPHIA	KOAD	
14. FATHER S NAME F	rst Mid	dle Last	ì	S. MOTHER'S MAIDEN NAM	E First	Middle		Lost
HE	NRY	GUNTHER			ARY K.	BUTKE		
Yes, no, or unknown)	N u.S. ARMED FORCES? (If yes give war or dates of servi	16b. SOCIAL SECURITY		INFORMANT		Address		
No		" 215-03-43	20	MEDICAL REC	OROS		INDE	
18. CAUSE OF DEAT	(Enter only one cause)	per line for (a), (b), and (c)	10	0		011-		mate interval nset and death
PART I DEATH	IMMEDIATE CAUSE (o)		OF	FULHONA	16-	C.H.F.		a a Da
472)	DUE TO,	OR AS A CONSEQUENCE OF	Da		4 4	77.	- /	1
Canditions, if any, w			DEON	CHOPNEU	MONIT,	BILAT.	34	1/KS
stating the underly		OR AS A CONSEQUENCE OF	0		ENDIS	10001	12 V	00
last.	(c)			ONARY .	-1717	SE: 1114	10 /	
PART 2 OTHER SIGN		TRIBUTING TO DEATH BUT N				N IN PART I(o)		
<u>.</u>	CELET		EMA		C.C.NT			
19a. DATE OF OPERATION	DN 196. CONDITION FO	R WHICH OPERATION WAS PE	RFORMED	20g AUTOPSY?	CAUGE	YES, WERE FINDINGS (S OF DEATH?	ONSIDERED IN C	ERTIFYING
19a. DATE OF OPERATION ASS				YES 🔣 NO	اليا			
3 G ACCIDENT WAS		ME OF INJURY A.M. Manth Day Year		OW INJURY OCCURRED (E	nter nature of inju	ry in Part 1 or Part 2,	Item 18.)	
(If either, natity med	ical examiner)	P.M.	9 1					
	ED 21e PLACE OF INJ	URY (AT HOME, FARM, STREET, FA	21f. L	OCATION Street or R.F.D.	No. City	or Town	County	State
While Not while at work			1	7)66	. / //	62 4714 41 ·-	10 1	A1134 5 1
22a. I certify th	ot (I) (this haspital)	attended the deceas	ed from	d that in (Silvan)	64.10/	5 <i>F/A</i> 5 , 19	<u>তিউ</u> , that	(II) (we) las
cousez stat	ed abave, (i) (we) (did \(did not \) view the	bady after	death.	սիուլու զգույ	accorrea an ine at	ile min udal.	una nam III
22b SIGNATURE	0 ,	1) 14	127	`			DATE SIGNED	
No	nold I	- / lain	DEG	REE PHYS.	MED. DIRECTOR	STAFF PHYS	6 MA	R68
22d PHYSICIAN S				22e. ADDRESS				
NAME (Type)	ONALO R. LE	EWIS, M.J.		700 CLO	VERLY ST	REET, SILV	ER SPRI	NG.M.D
23a BURIAL, CREMATION,	23b. DATE	23c, NAME OF	CEMETERY OR	CREMATORY	23d LOCATI	ON (City or Town)	(County)	(State)
BOYAL (Specify	3-18-6	8 CRES	5/ 440	NU	Ellico	TICILY	How and	md
24 FUNERAL DIRECTOR	SIALIS	Ellico TADDRESS	Tan 1		D BY REG STRAR	2Sb KEGISTRARS		4.00
FUNKRA	1 HomE	~ / · · · · · · · · · · · · · · · · · ·	7	DATE N	MAR 2 1	1968 jille	mes fu	find Acco

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the foreral director, page 3 should be detached far use as the burial-transit permit. Then please remove cochon, opers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV, 1/68

24 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

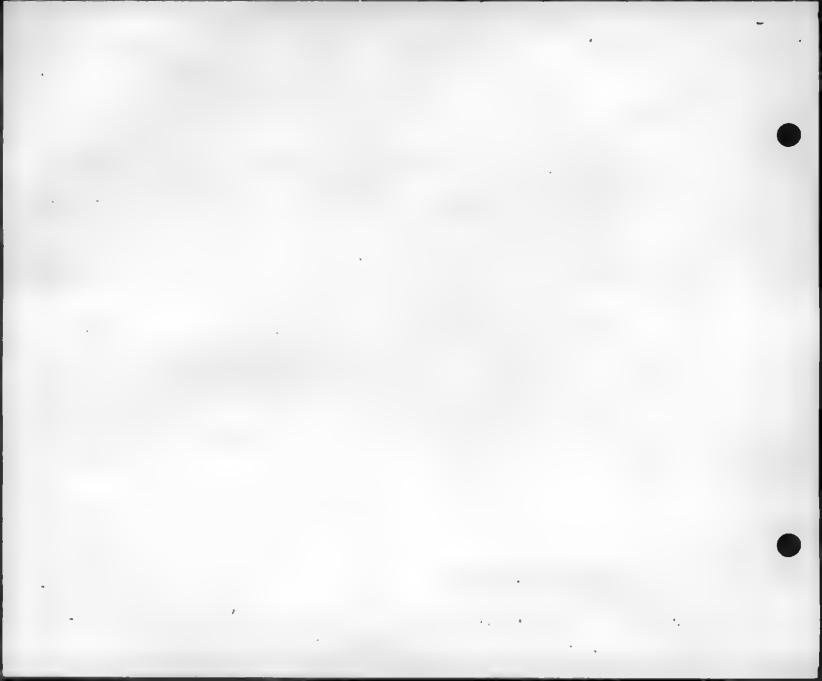
Page 4 may be retained by the haspital ar attending physician.



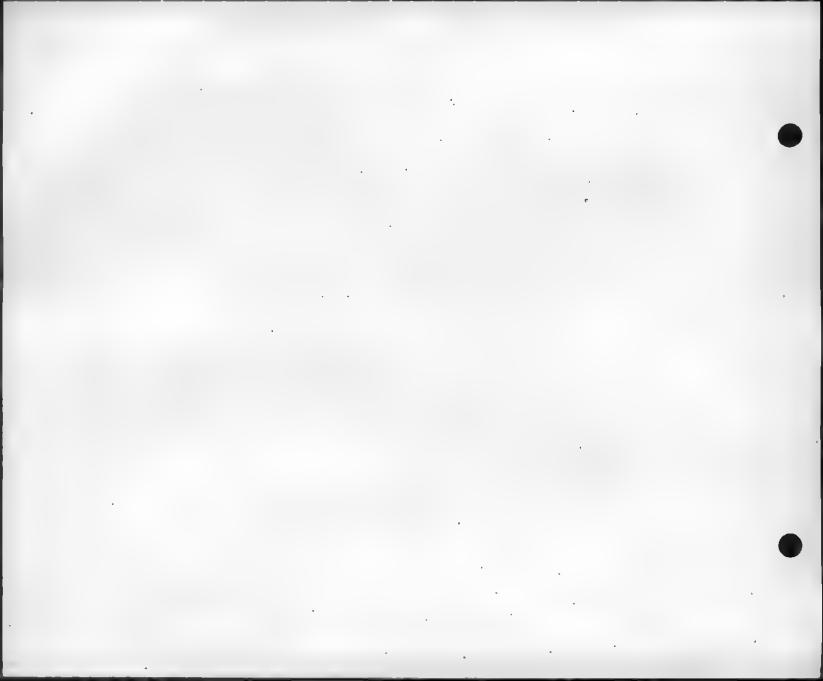
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) Russell Hager Vernon March S DATE OF BIRTH hours after 3. SEX 4 RACE 6 AGE (In years IF I HADER last birthday) HOURS June 21, 1920 Male White 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Country)
District of Columbia Montgomery DIVORCED [77] WIDOWED [24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR law requires that the death certificate be executed within The Clinical Center, NIH during most of working ife, even if retired)
Supervisory Accountant NDUSTRY Fed. Gov't Bethesda 130 USUAL RESIDENCE (Where deceased lived, Finstitution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b COUNTY odmission) STATE 5430 Brookland Road Alexandria YES 😾 No 🗔 remaye ar remayal, and in any 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Lost Stansbury Hager Vera Leon 17. INFORMANT The Medical Records ddress 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes_po, ar unknown) Not available The Clinical Center, Bethesda, Md. 20014 signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (0) Septicemia week DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Bilateral Bronchopneumonia rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (a) Chronic Myelogenous Leukemia 3 vears PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IX NO the haspital ar O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY / AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at wark 220. I certify that (1) (this haspital) attended the deceased from January 18, 19 68, to March 12, 19 68, that (1) (we) last saw the deceased alive on March 12 19 68, and that in (12) (our) opinion death occurred on the date and hour and from the causes stoted above, (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURS ATTENDING MODEGREE director, page : shauld be filed PHYS. 12 March 1968 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN S NAME (Type) Robert A. Ralph. Institutes of Health. Bethesda. Md 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION B REMOVALT Specify Mount Comfort Cemetery Fairfax County. Virginia 25a REC'D BY REGISTRAR 2Sb REG STRAR'S SIGNATUR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV 1/68 Inc. Alexandria, Va. DATEMAR Demaine Homes.



- 1



•		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 5.04:
HEALTH DEPAY		DECEASED-NAME Cost. 20. DATE KNOWN Month De	y Year 2b HOUR
2 5 8 5 7	1	(Type or Print) Bory Idamettan OF ESTI- DEATH MATED 3 2	1858 7 24
delay is and 3 ta 13. Page	3	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JHDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
T, and 3 PM3. Pagartment	1/2	male White 3/21/68 lost birthday MONTHS DAYS HOURS MAN March Day 21	Year 1968 23 N
\$ 6.0 B	170	B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- E De	COU	moved Divorced Midowed Divorced Mintaine	er M
death. Pages with far	10.		KIND OF BUSINESS OR
9 × ° 71		g ve street address) Subselford during mast at working ite even if retired) W	DESTRY
offer 8. Giv alang alang with Il		USLA. RESIDENCE (Where deceosed I ved, if institution Residence before 13c. CITY OR TOWN 3d INSIDE CITY . IM. 15? 13e. STREET AND NUMBER	, 0
v = ~ / ~ /		admission) STATE mil 136 (OUNTY Mont forthistle YES NO 44/2 Japen	20 -87
frem 100 Office Office office	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	. Last
		Kennoth Kay Carter May anne Ho	Imilton
h n 24 ncil in niner's pages hours		a WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
with pend xamii ile po 72 h	L	(Yes, no ar unknown) [if yes give war or dates at service] Mathew	L
- LLI 34		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in uef Medical E insit permit f event within		PART I DEATH WAS CAUSED BY CONGENITAL Atalectosis	
Me Ne	П	1/6 9 DIE TO OB AS A CONCEDURACE OF	
; <u></u>	П	Canditions, if any, which gave) (b) (b) (conditions, if any, which gave) (b) (b) (conditions, if any, which gave) (b)	
thauld be to ward "pe the the Chief the Chief urial-transit in ony ever	П	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld e ward a the Ch ourial-tra		last. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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te, writh farwar e used remava	Iğ	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION	WASTERIOR/RED:	YES 🔀 NO 🗆
任 등 골 뜻	3	21a EXTERNAL CAUSE WAS 21b. TIME OF NSURY Month, Day, Year 21c HOW INJURY OCCURRED (Enternature of in Jry in Part 1 or Part 2, Item PRIMARY OR CONTRIBUTING HOUR A.M.	IB.)
INER: the certifications and should files.	MEDICAL	CAUSE OF DEATH P.M. 19	
MIN the the 3 rr file e 3	1 2	21d NJURY OCCURRED 21e PLACE OF N.J.RY (At hame, farm, street, while most white most white most white most written.) 2 f LOCATION Street at R.F.D. Na City at Town	Caunty State
EXAMINER: ute the cert age 4 shaul yaur files. Page 3 sho.		AT WORK AT WORK	
AL Executive Part for for Index:		22a certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 💢 Inquiry 🔀	and in my apiniar
G @ 3 ~ E 3		death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
please directs retaine DIREC		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE OF M. B. BELL MD ASSISTANT MEDICAL EXAMINER 226. DATE SIG	NED
DEPUTY. Pecessory, ple Per funeral di may be ret FUNERAL D ealth prior		EXAMINER'S DEPUTY MEDICAL EXAMINER 3	1.5/68
o DEPUTY necessary, p the funeral s may be r o FUNERAL Health price		NAME (Type) ADDRESS(Street, city, lawn, ar caunty)	
5 = 2 = 2	230	REMOVAL (Specify) 230 DATE 230 DATE 230 CAUON (City or Town) 100 100 100 100 100 100 100 1	ounty) (State)
A.	74	1 25 00 2000 CONTRACT 125 MENTER - 16114	oming Ina
VR ATSME (S)	N	and all the contraction of the standard of the	alukt.
10M REV, 1/68	11	THE MINING CHECK & LOUINITINGTORY DATE 3 1 1898 HOUSE	**



MARYLAND STATE DEPARTMENT OF HEALTH 04341 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3432 CERTIFICATE OF DEATH Middle Lost 2g. DATE OF DEATH 2b HOUR DECEASED-NAME First death. and (Type or pnnt) Hardisty Sarah Theresa 4. RACE S DATE OF BIRTH IF JNDER 1 YEAR 3 SEX 6. AGE (In years lost birthe May 30, 1875 White 24 hours...at Female 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country linois apers n 72 h Montgomery County, U. S. A. WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH

Bethesds

Ghosse Nursing Home

Housewife

130 USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)

Housewife

130 USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)

Housewife

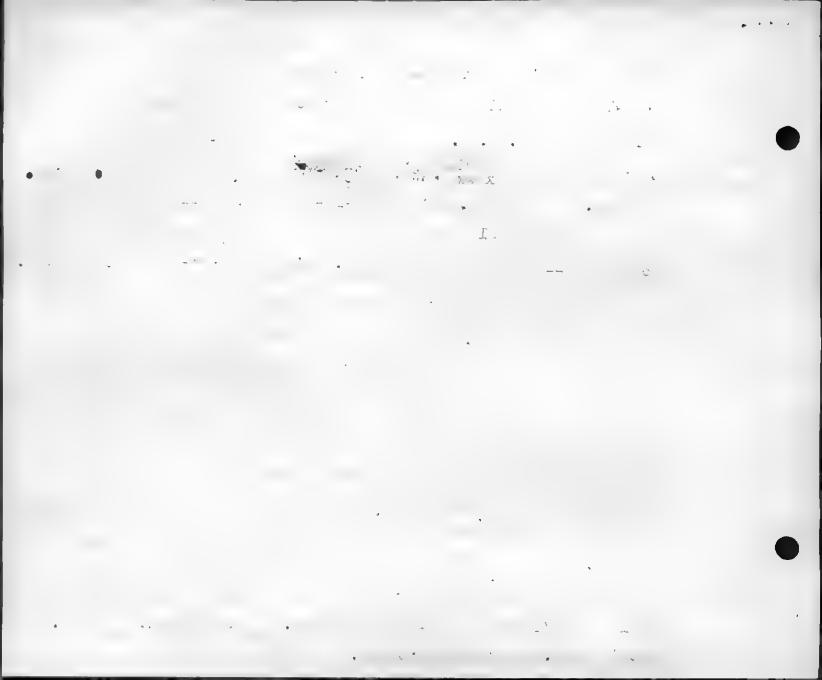
130 USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)

131 USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)

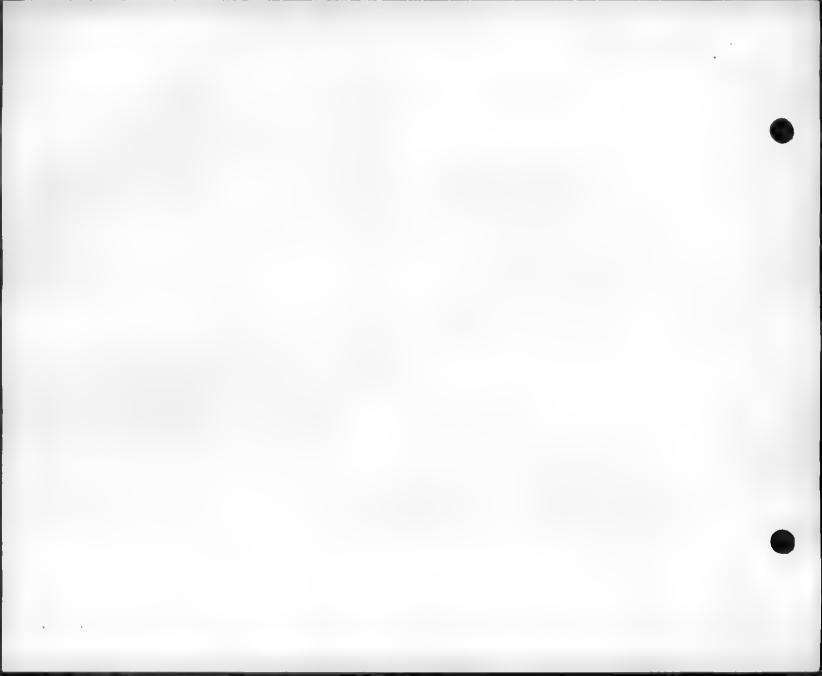
132 USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)

134 USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.)

135 USUAL OCCUPATION (Kind of wark done during most of working life, even if retired.) 12b KIND OF BUSINESS OR IN USTRY carban wn Home requires that the death certificate be executed 13b COUNTY Pr.Geols Mitchell-NO X signed by the attending physician and carfi burial-transit permit. Then please removel burial, cremation, or removal, and in any ew 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last John McGrail Mary Robinson 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) Mrs. Emily Schubert-Mitchellville, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONGESTIVE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF WRAILS Conditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 42x11 JR teRIOSC/RIZOSIS CRONARY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the Health priar to DRAIN DULDRAME 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2]c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram June 1946, to March 9, 1964, that (I) (see) last sow the deceased olive an Murch 1968, and that in (my) (cer) opinion death occurred on the date and hour and from the couses stated above. (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b SIGNATURE **ATTENDING** MED DIRECTOR PHYS director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) PANDONI 2520 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL, CREMATION, 23b DATE (County) (State) Burial (Specify) Holy Trinity Cem. Collington, Md. 2So RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERA, DIRECTOR 1 4 1968 Pelenelas Ritchie Bros. Upper Marlboro. Md. 30M REV. 1/8



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH DECEASED-NAME Middle 2b HOUR First Last deoth. Month (Type or print) L. MARCH 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F JINDER I YEAR IF UNDER 24 HRS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Houss aften lost birthday) HOURS MONTHS WHIFE 5 14-8 papers. Page thin 72 hours a 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED pllysician and completely filled in 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR क्षान कर्म अर्थ (ding life, even if refired) engineer nive street address) INDUSTRY remove torbon ¥ event, 13a. USJAL RESIDENCE (Where deceased lived, 'f institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY /V NO F YEST and in any IS MOTHER'S MAIDEN NAME First please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (If yes give war or dates of service) Yes, no_or unknown) n signed by the ottending pllysing burial-transit permit. Then plobbinol, cremotion, or removed cremotion, or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line fox (a), (b), and (c)) DEAT CARE TERMO MESWEE PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, flany, which gave t nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a ALTOPSY? CAUSES OF DEATH? YES 🗔 NO | use He of the 21g. ACCIDENT WAS UNDERLYING 216 TIME OF NURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year Jo. (If either, notify medical exominer) P.M. be detached 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Caunty State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 1960, 19, to 3 saw the deceased alive on 3-20, 1968, and that in (my) (our) apinion death acc -0.19 6 25, that (1) (we) lost 19 & , and that in (my) (our) apinion death occurred an the date and have and from the be retoined director, page 3 should swuld be filed with the causes stated above, (1) (we) (did) (did not) view the body after deoth. 22b SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYS CIAN S NAME (Type) Sarah E. Glover. M.D. 10128 CEBARLANE 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (Stote) Parklawn Cemetery Montgomery County, 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 [4] 30M REV 1/68



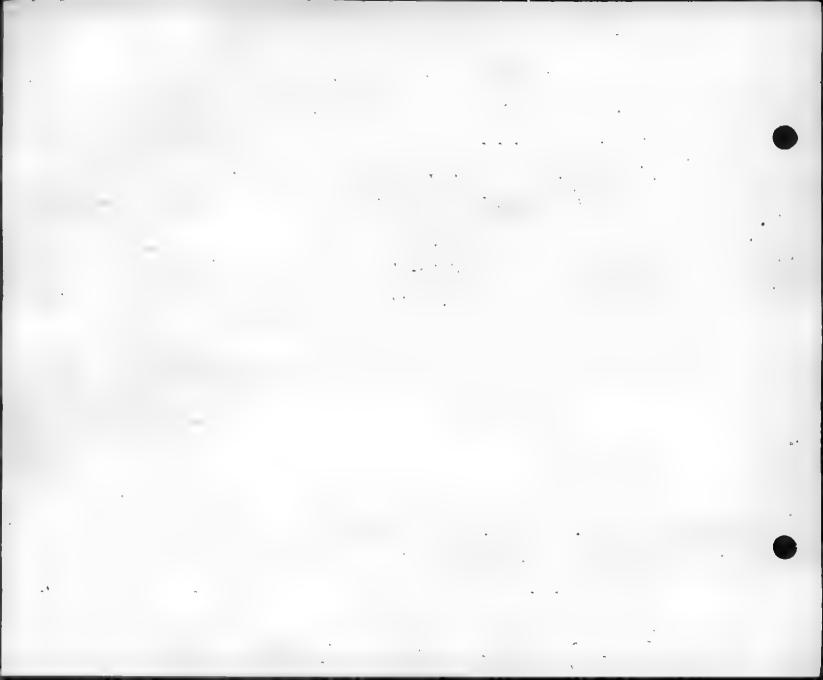
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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deoth.	eral and 2			EASED NAME Perst Middle, Northaniel HASSELL 20. DATE OF DEATH Month Day Year 8 6 35 M
24 hours after death			3. SE	4. RACE S. DATE OF BIRTH 6. AGE (In yeors If JINDER I YEAR IF UNDER 24 HRS Last birthday) WONTHS DAYS HOURS MAIN YALE Sept. 7. 1901 Sept. 7. 1901
4 hours	in 6v 2 hour		7o E	RTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED 1 NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery Md.
within 2	on Filled	1		TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 120. USUAL OCCUPATION (Kind of work done line)
NE .	by the ottending physicion and complete tronsit permit. Then please remove coth cremotian, or removal, ond in ony event.	* -	13o odmi	JSUAL RESIDENCE (Where receased liver) if restitution. Residence before 13c CITY OR TOWN 3d. INSIDE CTY LIMITS? 13e STREET AND NUMBER SIGN) STATE 13d COUNTY SILVER SILVER SPRING YES NO 2301 DARROW St.
mex .	remove rony ev	1	14. E	ATHER'S NAME First Middle Lost IS. MOTHER'S MAUDEN NAME First Middle Lost
まり 2 と 3 と 3 と 3 と 3 と 3 と 3 と 4 と 5	ion a		160	William Hassell Julia Gamble WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT 2301 DASCING STREET
	val. plan			s, ng or unknown) (If yes give wer or dotes of service, 060-10-4516 Carrie S. Hassell Silver Spring, Maryland
deoth certi	e ottending physicion al permit. Then please r tian, or removal, and in			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage APPROXIMATE INTERVA. BETWEEN ONSET INTERVA. BETWEEN
7 - 8	ottendi permit. ian, or r			4.2 / 9 DUE TO, OR AS A CONSEQUENCE OF
ξē.	rhe nsit			Conditions, if any, which gave a consecutive a course (a), (b). DUE TO, OR AS A CONSEQUENCE OF
Sicion Sicion				stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)
phy phy	signed burial burial			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
law ending	os beer as the priar to		CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
: The	cate hos or use Health p	2.	ERTIFI	YES NO CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
CIAN	fificat for of He		ਭ	OR CONTRIBUTING CLASS OF DEATH HOUR A M. Month Doy Year (If either, notify medical examiner) PM. 19
HYSI hosp	is cer tochec bept. (WED	21d INSURY OCCURRED 21e. PLACE OF INSURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
NG F	ter the del			22a. I certify that (I) (this haspital) attended the deceased from 1967, to 3-6, 1968, that (I) (we) last
END!	R: Af uld b the S			22a. I certify that (I) (this haspital) attended the deceased from, 1962, ta, 1962, that (I) (we) last saw the deceased alive an, 1962, and that in (my) (our) apinion death occurred on the date and haur and from the causes stated above, (I) (we) (did not) view the bady after death.
ATI retoji	S sho			22t SIGNATURE 22c DATE SIGNED
AL OI	RAL DIR			22d PHYS CIAN S 22e ADDRESS
SPIT 4 mg	NERA tor, F		,	NAME (Type) / G. L. Gengstack 9241 Columbia Blud. Silver Spring, Md.
Poge 4 may	O FUNERAL DIRECTO director, page 3 sho should be filed with	2	230.	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) March 5, 1968 Gate of Heaven Silver Spring, Maryland
_	VR A15 (4	S.		when when the Collect 8434000 Eorgia Que. 250. RECD BY REGISTRARS SIGNIFICATION OF THE MAN



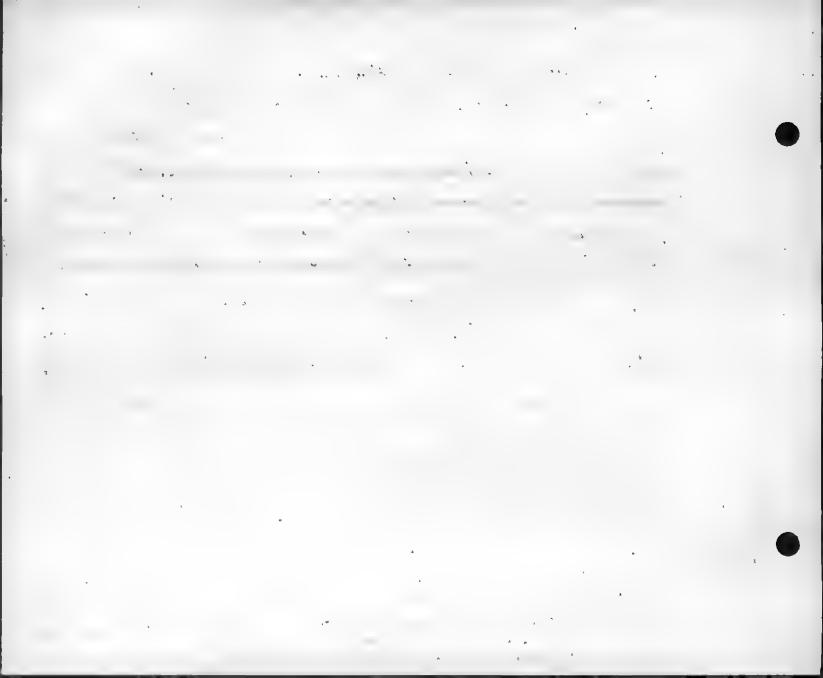
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7 (3
FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT. I DECEASED NAME First Middle Jost Log DATE KNOWN'S Month	Day Year 2b HOUI
(Type or Print) ARTHUR J. HASSETT DEATH MATED 1 03	19 1968 8 5
	2d HOUI
M. Wh. 02/19/88 80 YRS MONTHS DAYS HOURS MAN Manth 03 Day 19	Year 1968 11 /
3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years of Linder 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN 03 Day 19 M. Wh. O2/19/88 80 YRS HOURS MIN 03 Day 19 70 BIRTHPLACE (State or fare gn (auntry) Mass. 75 CT ZEN OF WHAT COUNTRY? WIDOWED DIVORCED DI	N
SilverSpring Md. give street oddress) HolvCross during mast, of working life, eyen (fretired)	126 KIND OF BUSINESS OR INDUSTRY State of Mass
TIJHOUCH TO BEENEEP	Boad.
14. FATHER'S NAME First Middle Lost IIS MOTHER'S MADEN NAME First Middle John S Hassett Margaret Riordan	Last
16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, na, ar unknown) (If yes give war or dates of service)	
no /John P Hassett Beltsville	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ONE ADA CONSERVISION OR ONE ADA CONSERVISION O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(and than s, if any, which gave rse ta immed ate cause (a) (b) Urterior Cornter Heart Du	spase
Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) Urlance Construct Hours House To, or AS A CONSEQUENCE OF (c)	
PART 2 OTHER SIGNIFICANT COND FONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
21a EXTERNA, CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Port 2, Is	tem IB)
21d. INJURY OCCURRED 21e. PLACE OF INJURY (At harme, farm, street, 21f. LOCATION Street or R F.D. No. City or Town	Caunty State
death resulted from: Notural causes Accident Suicide Hamicide Undetermined mann	and in my apinia
ACTUAL SIGNATURE DECICAL EXAMINER DE 226 OFFE	SIGNED
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE EXAMINER'S NAME (Type) 220 DATE 220 D	9/1968
23d BURIAL CREMATION, REMOVAL (Specify) Burial 23d Date Calvery Cemetery 23d LOCAT ON (City or Town) Brockton Plymou	(County) (State) th Mass
VR A15ME (54) 10M REV 1/68 F. Gasch's Sons Hyattsville, Md. DATE 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. DATE	CHANGES ASLE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 34343 CERTIFICATE OF DEATH DECEASED NAME Middle 2a. DATE OF DEATH First Lost 2b. HOUR 24 haurs after death (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1F UNDER 1 YEAR IE UNDER 24 HRS. led in by the last birthdox) MONTHS DAYS HOURS 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country WIDOWED DIVORCED [HI. 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION I'll not in haspital 12b KIND OF BUSINESS OR INDUSTRY during most of working life, even in the ired) carban W. B. Hilton Driller 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER law requires that the death certificate be executed and in any even 13b. COUNTY NO P 14 FATHER'S NAME Middle S MOTHER'S MAIDEN NAME Middle 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address, Yes no ocusionown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART 1 DEATH WAS CAUSED BYIMMEDIATE CAUSE (g) Canditians, if any, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO K 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day if either, notify medical examiner) P.M. 21d INSURY OCCURRED AT HOME, FARM STREET, FACTORY, 1 21f. LOCATION 21e. PLACE OF INJURY Street or R.F.D. No. Slate City or Town County While Not while at work Nauchi 22a. I certify that (1) (this haspital) attended the deceased from 18h 2 2 19 6 X, ta March 1968, and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive an_ causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MED DIRECTOR PHYS 22e, ADDRESS PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (510te) REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



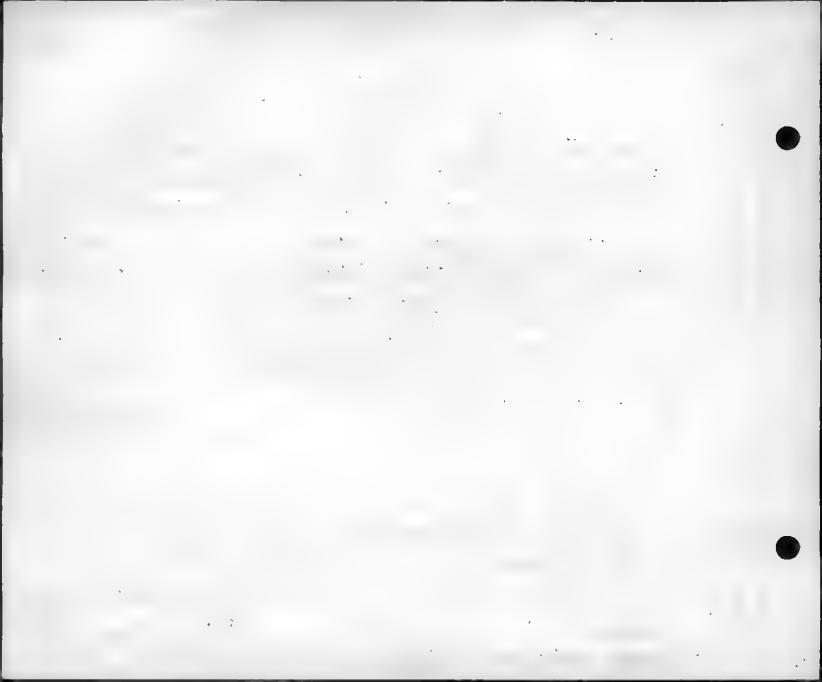
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3483 CERTIFICATE OF DEATH 1. DECEASED-NAME M.ddle Last 2n. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type or print) Month 5 3 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR March 16, 1871 (b) (birthdoy) EMALE EAUC. 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) USA DIVORCED [7] WIDOWED X MONT60MER 10 CITY OR TOWN OF DEATH ... 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
FRIRLAND NURSING HOME REAL CSTATE BLOKER give street oddress) INDUSTRY SILVER SPRING 13a JSJAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admiss on) STATE

MAKYLAND mon 160 mERY 3927 Washington Street KENSINGTON any 14 FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Meddle Lost Ξ Buchs CHARLES CHARLOTTE SYLVESTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ngrarunknawn) (If yes give wor or dates of service) NEORMBTION TOKEN from 575-48-5887 OHALT APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO, OR AS A CON COURNE OF Conditions, if ony, which gove) signed by the burial-transit p oreloro- was nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse wones PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16d T te certificate has been priorte 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [] NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram January 27, 1960, to March 15, 1965, that (1) (we) last saw the deceased alive an March 15, 1965, and that in (my) (our) apinion death accurred an the date and haur and fram the O FUNERAL DIRECTOR: causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED · Eliapman, Mtd DEGREE DIRECTOR 22d. PHYS CIAN S 22e. ADDRESS 3924 A. Chapman NAME (Type) directar, shauld 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) Glenwood Cemetery Washington D. C. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home VR A15 (4) 30M REV, 1/68 308 Suitland Road, Suitland, Maryland DATE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH First within 72 hours ofter death. Month 3 and (Type or print) 1202 eine signed by the ottending physicion and completely filled in by the fur burial-transit permit. Then please remove carbon papers. Pages 1 3. SEX A RACE S DATE OF RIGHT 6. AGE (In years lost birthdoy) IF LINGER 1 YEAR MONTHS 1-8-8-8887 80 The fow requires that the deoth certificate be executed within 24 hour 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED X U.S.A DIVORCED [1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dene 12b KIND OF BUSINESS OR give street address! during most of working life, even if retired.) Wheaton ond in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 13d INSIGE CITY LIMITS? odmission) STATE 13b COUNTY 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Lost JOHN COLEGRAVE 160 WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT 1110 BIOLER LANE (If yes give wor or dates of service) Yes, no, or unknown) or removal, 579-60-905 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, cremotion, Conditions, if any, which gove) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending | for use as the k f Health prior to b Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🗆 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M ō detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work couses stated above, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS STAFF PHYS DEGREE DIRECTOR director, poge should be filed 22d PHYSICIAN S 22e ADDRESS NAME (Type) SERUCH 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION REMOVAL (Specify) Rock CREEK 1968 FUNERAL DIRECTOR REGISTRAR'S SIGNATE 2So. REC'D BY REGISTRAR **VR A15 (4)** 30M REV 1/68 NASH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **DECEASED-NAME** Middle lost Heinl 20 DATE OF DEATH First 2b. HOUR (Type or pnnt) pneral and 24 hamrs after deal Corbin 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IE UNDER I YEAR [JNDER 24 HRS MONTHS DAYS HOURS WHITE 70 BIRTHPLACE (State on foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED U. S. A. country) fulled in papers D VORCED WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life even if refired.)
Teacher - Piano MUSIC signed by the attending physician and carapterery burial-transit permit. Then please remave sarbon 130 USJAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY EIMITS? 13e STREET AND NUMBER 136, COUNTY requires that the death certificate be execute Washington and in any 14. FATHER S NAME Middle IS. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknown) 579-16-4201 APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one couse per line fag-(a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLUT as the priartal attending this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN FICAT CAUSES OF DEATH? YES [NO N the haspital ar 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, EACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark page 3 shauld be de e filed with the State O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from be retained by _1948, and that in (my) () opinion death accurred on the date and hour and from the sow the deceased alive on_ couses stated abave, (1) ((did not) view the bady after death. 22b, SIGNATURE ATTENDING PHYS. MED DIRECTOR directar, pagi shauld be file 8 23 22d. PHYSICIAN'S NAME (Type) Donald W. Datlow, M. D. 23d LOCATION (City or Town) (County) Suitland, Maryland 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23a. BURIAL, CREMATION Crema Lion Cedar Hill Crematory 3/6/68 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) Joseph Gawler's Sons. Inc., Washington, D. C. 30M REV 1/68

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VR A15 (4) 30M REV, 1/68

Hines Chappress St. N.W. Washington, D.C.

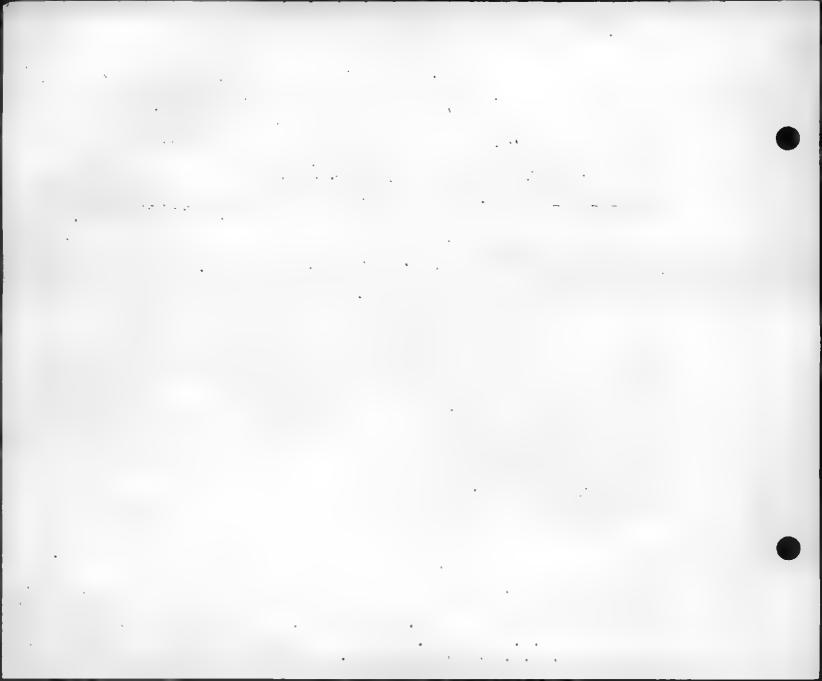
3/20/68

REMOVAL (Specify)

2SG. REC'D BY REGISTRAR MAR 2 6

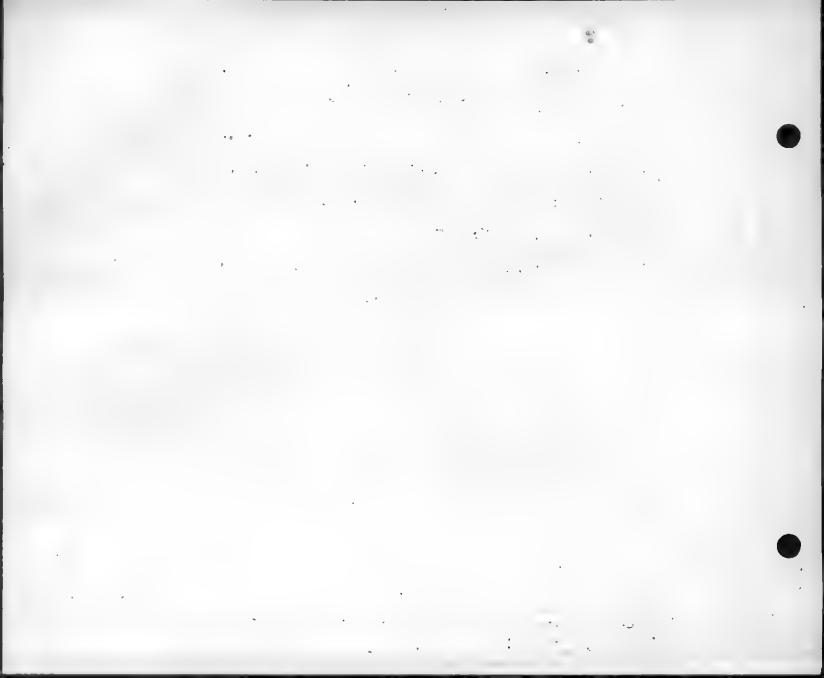
washington.

Mt. Olivet Cem.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED-NAME First Lost death. Day 68 Year Herrmann March Month10 ond Melchoir (Type or print) Charles 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX Sep 12 1896 last dighday) MONTHS Male Caucasian PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours at burial, cremotion, or removol, and in ony event, within 72 hours 7o B.RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED 9. COUNTY OF DEATH MONICOMERY COUNTY MARYLAND UNITED STATES WIDOWED [7] DIVORCED [phymician and commetely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR NAVAL HOSPITAL during Trast Swork MAVY even if retired) INDUSTRYIS NAVY BETHESDA 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY -VALLEY LEE YES NO X IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Lost METZ MARY HERRMANN FERDINAND M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates of service) Yes, no, or unknown) 220-44-1388 Lillian A. Herrmann Valley Lee, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN DISSET AND DEATH PART I. DEATH WAS CAUSED BY. Arteriosclerotic cardiovascular disease in IMMEDIATE CAUSE (a) congestive failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) buriol-tro≡sit ase to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician.

O FUNERAL **IRECTO** After this certificate has been signed **IV storing the underlying couse signed | last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b f Health prior to b Pulmonary emphysema 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🖂 with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21b. TIME OF UNJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at wark 220. I certify that (If (this hospital) ottended the deceased from March 6 , 19 68, to March 10, 19 68 , that the last saw the deceased glive on March 10 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the couses-stated abave, (*) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22t. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. MARGIN MERREY director, poge s 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Robert Kinhey. Naval Hospital Bethesda, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BUR AL, CREMATION 23b. DATE (County) MARCH 13.1968 St. Georges Catholic Church, Valley Lee, Maryland BUREMOYAL (Specyy) 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Minutes & FUNERAL HOME. Leonardtown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Middle 20 DATE KNOWNEN (Type or Print) OF ESTI-CARL WILLIAM HERRON DEATH MATED F JNDER 24 HRS 4. RACE S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 3 SEX iast birthday) Month March Doy 3/20/63 Male White 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | X 9 COUNTY OF DEATH country) W. Va. USA WIDOWED [DIVORCED [Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done Holy Cross Hospital uning most of working life, even if refired.) Silver Spring 130 USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY ntgomery 4604 Bel Pre Rd. YES X NO Rockville 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Frank Josephine Herron. Jr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Father. ADDRESS 166 SOCIAL SECURITY NO (Yes, no, ar unknown) Frank Herron, Jr. 4604 Bel Pre Rd. Rkvl., Md. 18 CAUSE OF DEATH (Enter only one couse per unter for (a), (b), and (c) PART I DEATH WAS CAUSED BY - IMMEDIATE CAUSE (Q DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJRY Manth, Day, Year OFCURRED (Enter nature of injury in Part 1 or Port, Hem 18.) PR MARY OR CONTRIBUTING 21s PLACE OF N.LRY (At home, form, street, 22a I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry X death resulted from Accident DX Undetermined monner Natural causes Suicide Homicide ACTUAL SIGNATURE & BLRIAL, CREMATION 3/6/68 Pottstown West End Cemetery

25 HOUR

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BETWEEN DISET AND DEATH

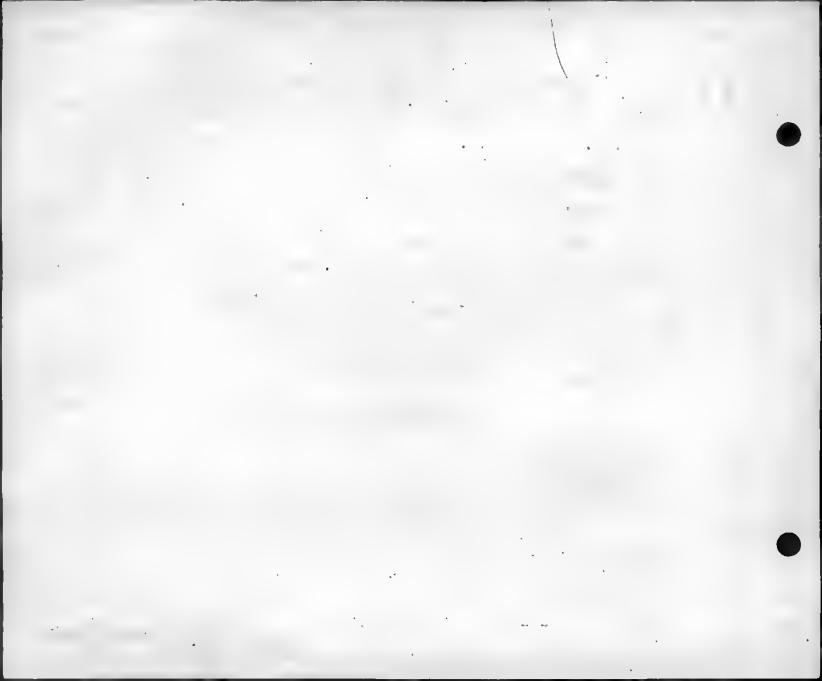
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First 20 DATE KNOWN Month Dov Yeor (Type or Print) DF ESTI-Page DEATH MATED deloy and 3 2c. DATE PRONOUNCED DEAD 3 SEX MONTHS DAYS 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED land 2 with the State De Examiner's Office olong with form (ountry) DIVORCED -MIDOWED OF DEATH ID CITY OR TOWN NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done 125 AND OF BUSINESS OR hours ofter death evenificatived) 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER 130 JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN 13b COUNTY odmission) STATE thersburg No [E.Diamond Ave; ContromeryGai Item] ofter 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First L. Huffman Sarah This certificate should be executed within 24 5 hours John Harper High pages 160 WAS DECEASED EVER IN L. S. ARMED EDRCES? pencil 166 SOCIAL SECURITY ND 17 INFORMANT ADDRESS (Yes, no, or unknown) (It yes give wer or dates of service) Mrs. Joann Swisher Cumberland, I'd. File 72 APPROXIMATE INTERVA within IB. CAUSE DF DEATH (Enter on y one couse per line for (o), (b), and (c) BETWEEN ONSET AND CEATH forworded to the Chief Medical PART DEATH WAS CAUSED BY IMMED ATE CAUSE (a) eve⊓∮ OR AS A CONSEQUENCE OF **buriol-transit** Conditions, fany, which gove rise to immediate couse (a), writing the word DHE TO, DR AS A CONSEQUENCE OF stoling the underlying couse \subseteq PART 2. DTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 OS removal, CERTIFICATION used 190 DATE OF OPERATION 196 CONDITION FOR WHICH DPERATION 20 AUTDPSY? WAS PERFORMED? cote, YES T NO F þe pe ö 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY DCCURRED (Enter nature of nigry in Port 1 or Part 2, Item B) FUNERAL DIRECTOR: Page 3 should shauld MEDICAL PRIMARY DR CONTRIBUTING HDUR A.M cremation, DICAL EXAMINER: CAUSE OF DEATH 2 d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LDCATION Street or R F D No. City of Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK Page buriol, 5 22a. I certify that Hook charge of the remains described above, held an Autopsy and in my opinian death resulted from. Natural causes Homicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED the funeral SIGNATURE ~ p O DEPUTY O FUNE Health **EXAMINER'S** BURIAL CREMATION 23b. DATE NAME OF CEMETERY DR CREMATORY 23€ 23d LOCAT DN (City or Town) (County) REMDVAL (Specify) Potomac V.M.Park Eurial Keyger W. Va. FUNERAL DIRECTOR ¥R A15ME (5) 10M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND * 10 4 CERTIFICATE OF DEATH PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland Montgome ry MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Chevy Chase Chevy Chase years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS filled bon papers within 72 ON A FARM? 24 Hesketh Street 24 Hesketh Street YES letely carbon Month NAME OF First Middle DATE Day DECEASED event, 1 16, HOFFMAN Mar. KART DEATH compl (Type or print) 19 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. гетточе 7. MARRIED NEVER MARRIED "last birthday) Months | Davs 1893 in any 9 and Male Cauc. WIDOWED [12. CITIZEN OF WHAT 1Da, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS DR physician en please r 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? and U. S. Insurance Broker Missouri certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN N ME гетома attending primit. Then Jacob Hoffman Ina Snyder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SUCIAL SECURITY NO. ed by the attend transit permit. cremation, or r death (Yes, no, or unkown) (If yes give war or dates of service) Same as Item 2. Yes **577-**48-2**7**50 Miriam R. Hoffman INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit in to burial, cremati 3 YEARS ATTENDING PHYSICIAN: The law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MELOMA 18 YEARS the hospital or attending physician. DUE TO 2 Weeks BRONCHITIS Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the has be as the prior t underlying cause tast. WAS AUTOPSY PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health this certificate h detached for use te Dept. of Health PERFORMED? CATI CERTIFIC 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of item 18.) DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) at work Not While factory, street, office bldg., etc.) Hour a.m. After d ned by p.m. 21. I certify tha (I) (this hospital) attended the deceased from 1958 1958 to MAR. 16, 1968, that (1) (we) last OIRECTOR: A age 3 should iled with the S and that death occurred at 3 h saw the deceased alive on MAR. 15 1963 M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIBNATURE ATTENDING MED. page PHYS PHYS. DIRECTOR director, pa HOSPITAL ADDRESSMA SHINGTON CLINIC 22c. PHYSICIAN'S NAME (Type) PHILIP R. JAMES LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION. 23a. REMOVAL (Specify) Grematory Suitland, Maryland Cremation 3-18-68 Cedar Hill 24. FUNERAL DIRECTOR 6 1968 PUMPHREY, Bethesda, Maryland

No X

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(State)

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Year

VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2g DATE OF DEATH 2b. HOUR 1. DECEASED NAME death. 24 hours after deoth puo Manth (Type or print) 6 AGE (In years IF UNDER 1 YEAR IF JHDER 24 HRS 4 RACE S DATE OF BIRTH 3. SEX iast birthday) HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [7] WIDOWED I OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR 10. CITY OR TOWARD F DEATH requires that the death certificate be executed within during most of working life, even if retired.) e.ct physician ond completel 13d. INSIDE CITY LIMITS? 13a, STREET AND NUMBER event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before cak 13b COUNTY NO X remove 15. MOTHER'S MAIDEN NAME First 14 FATHER S NAME Middle pleose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOFIAL SECURITY NO 17. INFORMANT Address # Lift vas give war or dates at service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY. ulmanar IMMEDIATE CAUSE (a) Canditians, if any, which gave nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [detoched for use e Dept. of Health FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f .OCAT ON Street or R.F.D. No. County State 21d INJURY OCCURRED City or Town While Nat while at work at wark 220. I certify that (i) (this he-pital) attended the deceased from saw the deceased alive an 3-28 1968, and that in (n 1956, to 3 - 28, 1968, that (1) (me) last _1968, and that in (my) (w) opinion death accurred on the date and hour and from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b SIGNATURE DEGREE PHYS DIRECTOR 22e ADDRESS 22d. PHYSICIAN S NAME (Type) Seruch 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23d BURIAL CREMATION Md. Rockville. BULL Specify) Montg. Parklawn 0 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REG STRAR FUNERAL DIRECTOR Wheeler Funeral Home Rockville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH 2b. HOUR DECEASED-NAME First Middle March 17 (Type or print) Mary Lee HOLLENBACK 4 RACE S. DATE OF BIRTH & AGE (in years IF UNDER I YEAR 3 SEX requires that the death certificate be executed within 24 haurs affor last bythday) Female Caucasian Dec. 19, 1939 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED | NEVER MARRIED | N courto diana papers. Montgomery USA WIDOWED [DIVORCED [120 LSLAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR within 10 CITY OR TOWN OF DEATH during most of working life, even if retired) **INDUSTRY** give street address) remove carban Bethesda Naval Hospital State Department 13e STREET AND NUMBER 2508 S. Walbasch 130 LSJAL RESIDENCE (Where deceased lived, if institution Residence before/ 13c CITY OR TOWN 13d. INSIDE CITY LIM-TS? 13b. COUNTY YES 权 Kokomo 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Clarence Hollenbeck Wilma Bryant 17. INFORMANIKOKOMO. Ind. Address 160. WAS DECEASED EVER IN & S ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no or unknown) [If yes give war or dates of service) 2508 S. Walbasch 328 32 9116 Mrs. Wilms Hollenback 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Carcinoma-primary adrenal or ovary with metastases IMMEDIATE CAUSE (a) DEPUT OF ARTONOMER OF to liver, bone, lung, lymph nodes, pancreas. burial-transit p burial, crematic Conditions, if any, which gave) and kidney rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causel PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO -Yes 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) State 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (*) (this haspital) attended the deceased from Oct. 1 , 19 68 , ta Mar. 17 , 19 68 , that (*) (we) last saw the deceased alive on Mar. 17 19 68 , and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 shauld should be filed with the causes stated abave, (b) (we) (did) (did) (did) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. March 18, 1968 DEGREE PHYS 22e ADDRESS 22d, PHYSICIAN'S NAME (Type) D. N. HOLT Naval Hospital, Bethesda. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23b DATE 3-20-68 REMOVAL Speeding Thrailkill Cemetery Swayzee. Indiana

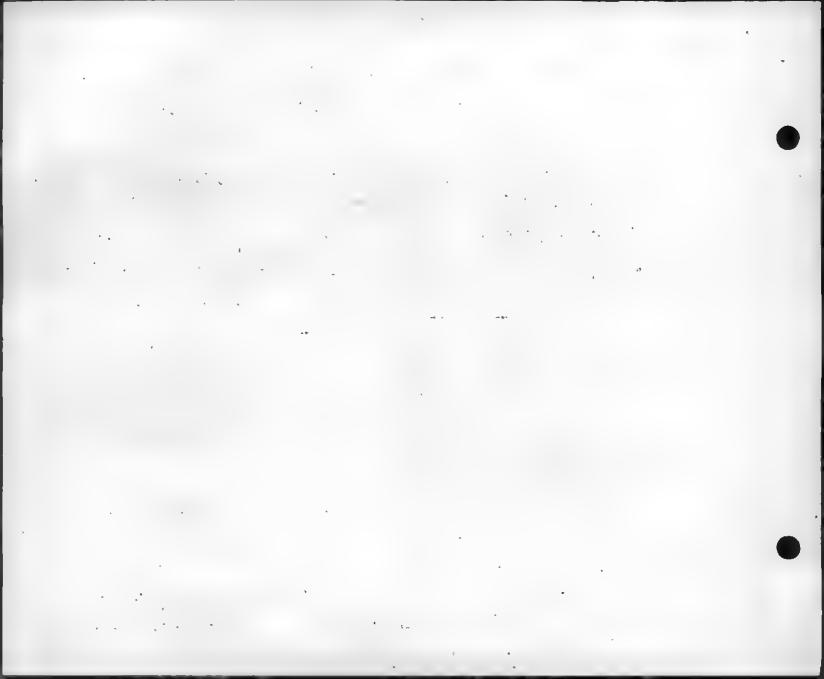
ADDRESS

Robert A. Pumphrey Funeral Home

1988 REGISTRAR S SIGNATURE

25g. REC'D BY REGISTRAR MAR 2 6

VR A15 (4) 30M REV 1/68 24. FUNERAL DIRECTOR

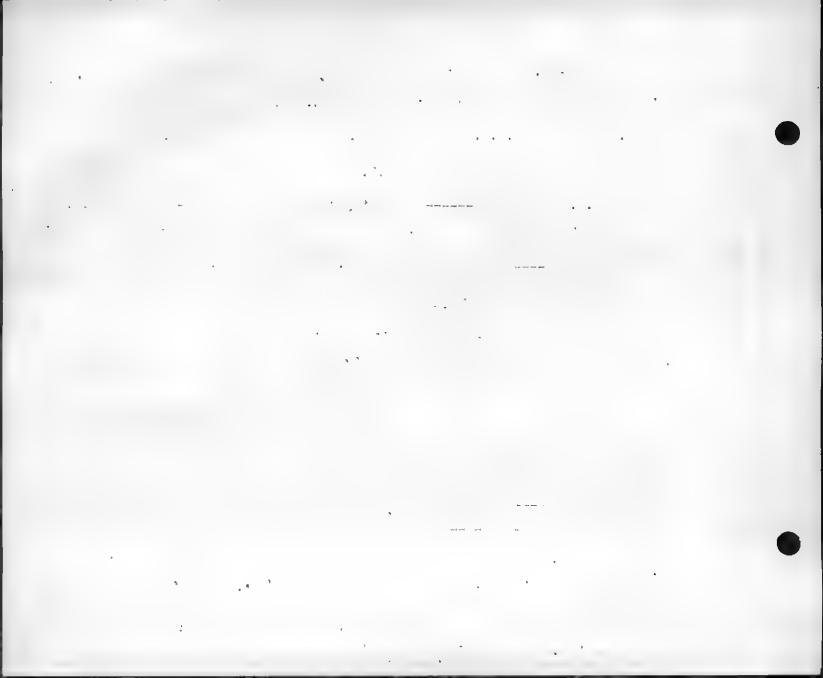


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7	8:	23c, Film#G399 4/1/68 km 0/357CERIIFICATE OF DEATH
- E-2	1 DE	CEASED NAME First Middle Last 2a DATE OF DEATH 1968 2b HOUR
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Pages urs offit	L_	temale White November 10,1879 88" YRS.
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equires that the death certificate be executed vibristian. Signed by the attending physican and camplete burial-transit permit. Then please remave carburial, crematian, or remaval, and in any event,	16g. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) III yes give wor or dothes at service) 2/7-52-8284 Mrs. Georgia H. Brunner Missouri
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Spirit Sp	MEDICAL	(If either, natify medical examiner) P.M. 19
PHY e ha e ha irs o itach Dept	~	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote
at a a a		of work at work 1960 to 0 1/8/ 1960 that (IV) (this baseled) attended the deceased from 1960 to 0 1/8/ 1960 that (IV) well as
d Afr d b d b d b d b d b d b d b d b d b d		22a. I certify that (I) (this hospital) attended the deceased from 1965, and that in(fny) (aur) apinian death accurred on the date and haur and from the
O. S. P. F. F. F. P.		couses stated above (1) (we) (did not) view the body after death.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-train shauld be filed with the State Dept. af Health priar to burial, cre		226 SIGNATURE ATTENDING ATTENDING MED DIRECTOR DIPHYS DI
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil		22d/PNXSICIAN S NAME (Type) Doneld R. Lewis 22e ADDRESS Olney Md.
JNE Ctor Uld	22.	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Page Page of Fe	230.	BURIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (Stote) REMATCH 21 1968 Forest 1666 Hills Madison Wisconsin
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Washington, D.C. 20016

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. (Type or print) Manth Virginia Hurlev March TE LINDER I YEAR IE HINDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) HOURS 10/7/93 White. Female 24 hours 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED T NEVER MARRIED country) DIVORCED [WIDOWED [U.S.A. Montgomery D.C. pop 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within during mast of working life, even if retired) give street address) INDUSTRY UDC Suburban Bethesda Telephone operater 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c. CITY OR TOWN admission) STATE YES 🗔 NO. remove 1213 Ingomae St. N.W any IS. MOTHER'S MAIDEN NAME First Last and Robert Henry Leathers Bettie F. Nalls please 165 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN D.S. ARMED FORCES? Yes, na, ar unknown) 13005 Bawar Dr ROCKYTI 13 C Jane Cox 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH has been the 20b IFYES. WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION CAUSES OF DEATHS of Health p YES [O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216. TIME OF INJURY the haspital THOR CONTRIBUTING THE CAUSE OF DEATH HOUR AM (If either, natify medical examiner) (AT HOME, FARM, SIREET FACTORY.) 21f LOCATION Street or R.F.D. No. 2 d NURY OCCURRED 21e PLACE OF INJURY State County While Not while at work 22a | certify that (f) (this hespital) attended the deceased fram-1946, to March March 20 1966, and that in (my) (see) opinion death accurred an the date and hour and from the saw the deceased a ive on.... be retained director, page 3 should shou d be filed with the causes stated above, (1) (age) (did) (did-not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED DEGREE 22d. PHYSICIAN'S OR CREMATORY BURIAL CREMATION, 23b. BATE (State) REMOVAL (Specify) VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

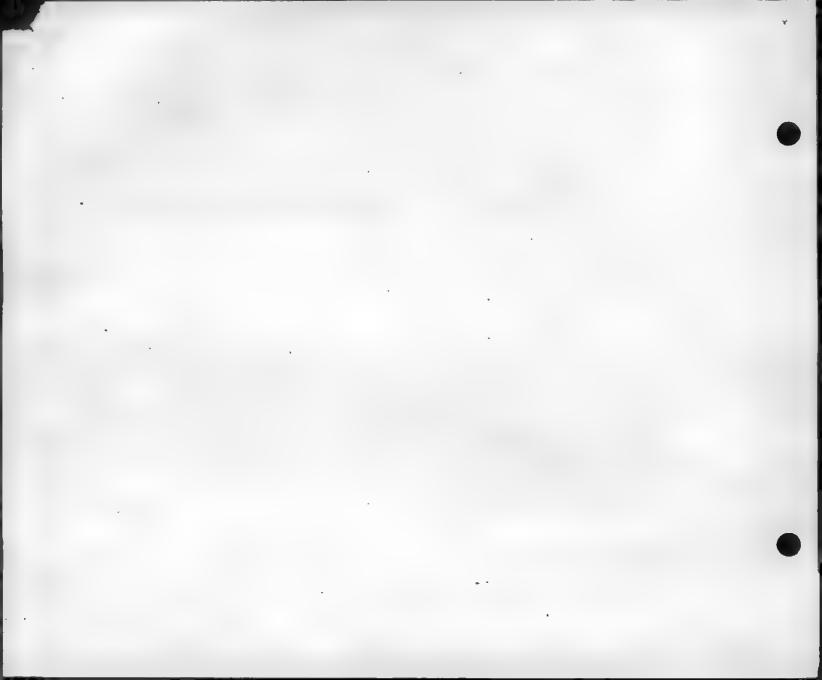
		CERTIFICATE	OF DEATH	14944
T	PLACE OF DEATH,		2 USUAL RESIDENCE (Where deceosed lived, if institution: Re	esidence before admission)
	O. COUNTY , MONTGOMERY	MARYLAND	O STATE MARYLAND 6. COUNTY	MONTED MERY
	b CITY OR TOWN (If outside corporate emiles,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de corporate limits, write RURAL on	d give necrest town)
	AKOMA TARK-		PAKOMA JARK .	
-	A NAME OF HOSPITAL DR INSTITUTION (IF not in hospital)	give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
E. /	NAUS; NURSING HO	ME	1200 ROSPECT HYE.	YES NO 🗸
3	NAME OF DECEASED (Type or print)	Middle E .	HATT DEATH MARCH	9 - 1968
S.	SEX 6. COLOR DR RACE 7. MARRIED		iest-hirthdoyl Mon	NDER 1 YEAR HE UNDER 24 HRS. 11ths Doys Hours Min
10.	USJAL OCCUPATION (Give kind of work done 10b K	DIVORCED		12. CITIZEN OF WHAT
dus		NDUSTRY	JONES VILLE VA	COUNTRY 25A
13	FATHER'S NAME		14. MD HER'S MAIDEN NAME	
	DHN NILEY Sibs	ore)	MANCY HAN TRIC	E.
		SOCIAL SECURITY NO. 17,	INFORMANT Address /	200 PROSPECT
1,,	es, no, or unknown) (If yes give wor or dates of service)	3-48-800 47 UR	W.W. EASTMAN. TAKO	MA PARK MO.
	18. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), ond (c).)	1 0 /	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	RILOSCIPIO	CIS, Teneralized	ONSET AND DEATH
	7409 DUE TOV			(1,)
	Conditions, if any, which gave (b)			
	stoting the underlying couse (DUE 10			
	lost. 4500) (c)			
18	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
Ī	(avcind ma	04 1000	03/5	YES NO
CERTIFICATION	205 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)	
MEDICAL	The state of the s		CE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
뿧	Hour o.m. White of wat		tory, street, office bldg., etc)	
	21. I certify that (!) (this hospital) atten			18 that (I) (we) last
	saw the deceased alive an 110	19 6 and the		an the date stated above.
	290 SHONATURE	RISTER ME	ATTENDING MED. STAFF 22	B DATE SIGNED
	22c PHYSICIAN'S NAME (Type) Janes h.l	Whit tock	220 ADDRESS TOUR Park Tak	and forflare
23	BURIAL OREMATION, 236 DATE THEREOF	235 NAME OF CEMETERY OR	CREMATORY 23d TOKAT ON (City or Town)	(County) (Stote)
	REMOVAL (Specify) 3-12-1968	HRLINGTO	N AVATIONAL HRLINGTON	VA.
2	A. FLOTERAL DIRECTOR	35 ADDRPSS	250 REC'D BY REG STRAR 256 REGISTRA	AR S SIGNATURE
	Milker Kallers.	101 January	DE DAMAR 13 1900	0

10 HOLPITAL OR ATTENDING PHYSICIAM: The faw requires that the death certificate 🔚 executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbar papers. should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, withing 72 b. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

in by the funeral rs. Pages 1 and 2 2 bours after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME 2a DATE KNOWN Manth Day Year (Type or Print) 6.81 IAGER Wilbur March WILLIAM DEATH MATED IF LINDIR 24 HRS 4 RACE 6 AGE n years 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR 58 Y 9/2/09 White Male 7a. BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED 3 DIVORCED [Montgomery S Maryland 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital 12a LSUA, OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) with the Sales Silver Spring Cross death. 130. USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN PrinceGeorgeHyattsvi land 2 14. FATHER S NAME 15 MOTHER'S MAIDEN NAME McChesney Susie William Iager haurs pages 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT pencil CherryHill (Yes, no, or unknown) Mrs.Helen I Dameron Beltsville: 1B. CAUSE OF DEATH (Enter only one cause per line-fon(a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending" DUE TO, OBASS A CONSEQUENCE OF Conditions, if ony, which gove rise ta immediate cause (a), shavld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18) 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R F D. No. City or Town County Stote factory, office building, etc.) NOT WHILE 22a. I certify that I tack charge of the remains described above held an Autopsy Inspection 💢 and in my apinian death resulted from Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED Health 0 23a BLRIAL CREMATION 23d. LOCATION (City or Town) (County) (State) BEMOVAL Specify) Hyattsville Prince George Md. George Washington 24 FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE 25g. REC'D BY REGISTRAR Williams Judg Francis Gasch's Sons Hyattsville, Md. DATE MAR VR A35ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b HOUR (Type or print) 3. SEX 4 RACE 6 AGE (In years lost birthday) MONTHS 5-12-83 FEMALE papers. Pag hin 72 hours 7o. BIRTHPLACE (State or foreign 7b. CIT.ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED requires that the death certificate be executed within 24 h DONT GOMERY DIVORCED WIDOWED IX within 7 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) INDUSTRY please remave carban Housewife any event, 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 130 CITY OR TOWN 3d. INSIDE CITY LIM TS? 13e STREET AND NUMBER YES DET 14. FATHER'S NAME First Middle Lost S. MOTHER S MAIDEN NAME First Lost REEN Eliza Warren George. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cond tions, if only, which gove) burial-transit nse to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) - C+TOLOTY use as the latth priar to b O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D., No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 3/10, 19 esc, ta 19 esc, ta 19 esc, training the deceased from 1968, and that in (my) (aur) apinion death occurred an the date and hour and from the should causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c, DATE SIGNED ATTENDING 3-20-68 director, page 3 should be filed v DEGREE PHYS 220 ADDRESS Burtons ville Joseph PAYSICIAN'S AME (Type) 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Suitland, Maryland Cedar Hill Cemetery 25b. REGISTRAR'S SIGNATU 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

VR A15 (4)



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de la	1/2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH										. 27
	(IVI)	1 0	CEASED-NAME First		Middle	EKIIFIC	Last	EAIH	20. (DATE OF DEATH		2b HOUR A
	death and death		ype or print) Andrew		Anthony		Izing		20 1	Month Day	1968	8:35M
	uneral and r deat	3. SE		4. RACE	Anthony	1	5. DATE OF BIRT	Н		March 14		IF UNDER 24 HRS.
	offer Torre		Male	1	White		19 Oct		1019	{ lost hirthday} [MONTHS DAYS	HOURS MIN
	\$ 6-2 S	7o 1	SIRTHPLACE (State or Fareign		WHAT COUNTRY?	8. MADDIED (X NEVER MARRI			NTY OF DEATH		
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	hin /	10 (Bethesda	11	NAME OF HOSPITAL OR INS			12a USUA during me	L OCCU pst_o[_w	PATION (Kind of work done vorking life, even if retired)	126 KIND OF BE INDUSTRY Sheet 1	
	wit t, w	130	USUAL RESIDENCE (Where deceas			ter, N	TOWN In	d, INSIDE CITY LU		13e, STREET AND NUMBER	bueer r	Metal_
	DESCRIPTION ATTENDING PHYSICLEM The law requires that the death certificate be executed within 24 hours after the 4 may be retained by the haspital ar attending physician. Finge 4 may be retained by the haspital ar attending physician. Finge 4 may be retained by the haspital ar attending physician and campletely filled in by the fundirector, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages band be filled with the State Dept. at Health priar ta burial, are remaval, and in any event, within 72 hours after the shauld be filled with the State Dept. at Health priar ta burial, are remaval, and in any event, within 72 hours after the prior to	odm	SS:on) STATE Pennsylvani	al 13b. COUNTY	TOTION KENDERGE DEIGNE	Windb	1	****		1818 Somerse	t Avenue	3
	and correction only		ATHER S NAME First	Middle	Lost	15	MOTHER'S MAID	EN NAME F	ırst	Middle		Last
	be n or se r	L	Stephen		Izing			Mai			Zal	orosky
	ertificate be physician a nen please iaval, and in	16a. Y	WAS DECEASED EVER IN L S. ARN es, no, or unknown) (1 ves give w	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY N					l Records ^{Address}		
	phy en ava				192-01-86		he Clin	ical (Cent	ter Bethesda	Marylar	<u>nd 2001</u> Z
	# iii .e		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per			and ch	ronic	COI	pulmonale	BETWEEN ONS	ET AND DEATH
	d∎ad tenc rmit , ar		IMMEDIA	TE CAUSE (o)	added hit						25 y€	ears
	at the death cer the attending p nsit permit. The matian, ar rema		Canditions, if any, which gave)	DUE TO, OI	R AS A CONSEQUENCE OF	Pulmo	nary An	thrace	051) ///F	licosis <i>Nagnid Nangis</i>	/ 2½ ye	2012
	hat n. 'y # ansi		rise to immediate couse (a), (stating the underlying couse	(b) DUE TO, OI	R AS A CONSEQUENCE OF	*+ 48 4 h	AATA VIRAATI	the Golden State of the	1.14	+488+4101+8+3	~2 YC	ice to
	quires the physician. signed by burial-trai		iost	(c)								
	equires that the physician. signed by the burial-transit purial, cremati		PART 2. OTHER SIGNIFICANT COM									
	ing een the	NO	2 1 - 1		onic myelog				lasi			
	The law re attemning has been se as the th priar ta	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR Y	WHICH OPERATION WAS PER	RFORMED	20a. AUTOPS			20b IF YES, WERE FINDINGS OF CAUSES OF DEATH?		TIFYING
	or of the house cath	ERTIF	21g ACCIDENT WAS UNDERLYIN	G JOIL THE	ÖF INJURY	late 110	YES X	NO [Yes of injury in Port 1 or Part 2,		
	for for files	MEDICAL (OR CONTRIBUTING CAUSE OF DEAT	HOUR A A	d. Month Day Year		W INJUKT OCCUP	KKED (Enlet	noture	or injusy in Port 3 of Port 2,	nem ro.j	
	G PHYSICING the haspital this certifical detached for the Dept. af H	MED		PLACE OF INJUR	- (1		CATION Street	ar R.F.D No.		City or Town	County	Stote
	the this this deta		21d. INJURY OCCURRED 21e. While Not while of work									
	be of Stat		220. I certify that (1) (the saw the deceased a	s haspital) a	ttended the decease	d from 11	Januar	y , 1968	₹,	to 14 March , 19	68, that]	1) (we) last
	OR ATTENDIN be retained by DIRECTOR: After 3e 3 shauld be led with the Sta		causes stated above	, 🔣 (we) (die	d) (dictional) view the l	bady after d	eath.	(aur) apı	man a	searn occurred on the da	ie and naur ai	io from the
	Mile Series		22b. SIGNATURE	7	11.2		ATTENDING	_ W	IED.	CTAFF	DATE SIGNED	
	OR DIRI		Muchael (1	Keple,	M.D.	DEGRE	E PHYS	اق لــا	IED.	STAFF V 14	. March 1	968
	MAL SAL Page Page Figure 1		22d. PHYSICIAN'S NAME (Type) Min	chael E	mmer, MD.					Health, Beth		
	HOSFITAL The may FUNERAL I lirector, page thauld be file	220	BURIAL, CREMATION, 23b.		23c. NAME OF	CEMETERY OF		1000C		LOCATION (City or Town)	(County)	(State)
	TO HOSPITAL OR ATTENDING PHYSICIFIE The law reflege 4 may be retained by the haspital or attending 10 FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta		REMOVAL (Specify)	3-15-1	1968	*******	ngraphin-		6	UNDBER	P	7
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								ANNEL TELL	~ ~		11-4	



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TO RESPIRE OF ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

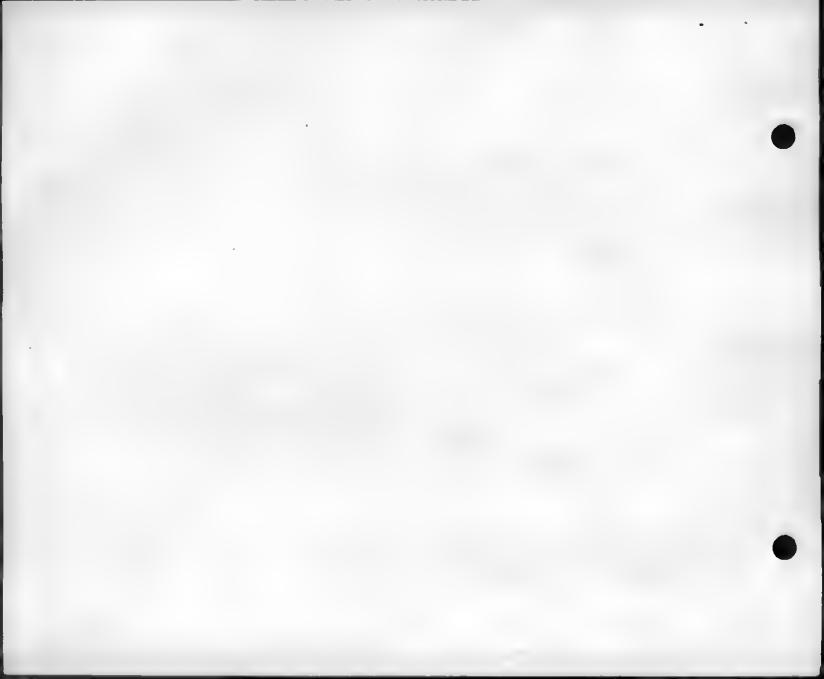
Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

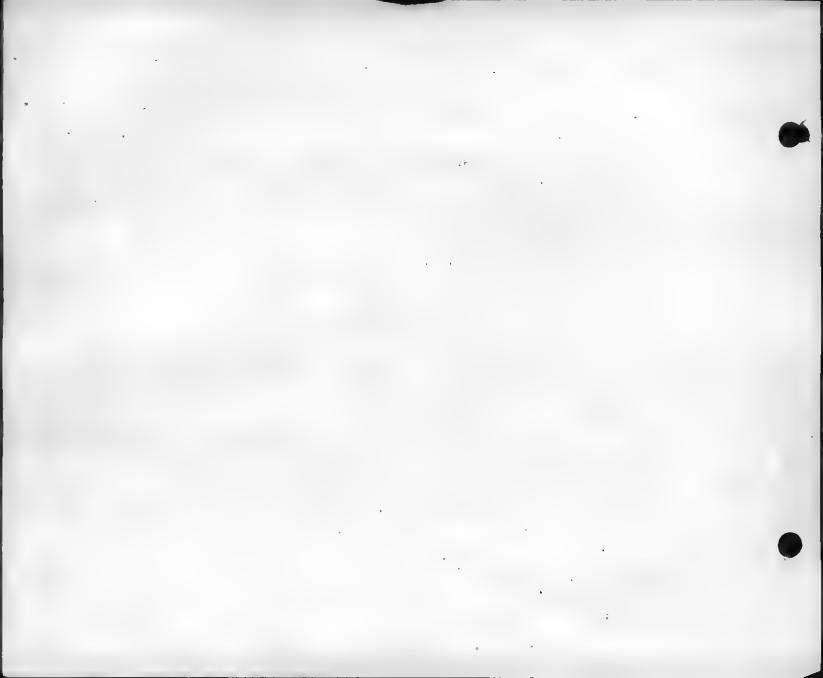
CERTIFICATE OF DEATH

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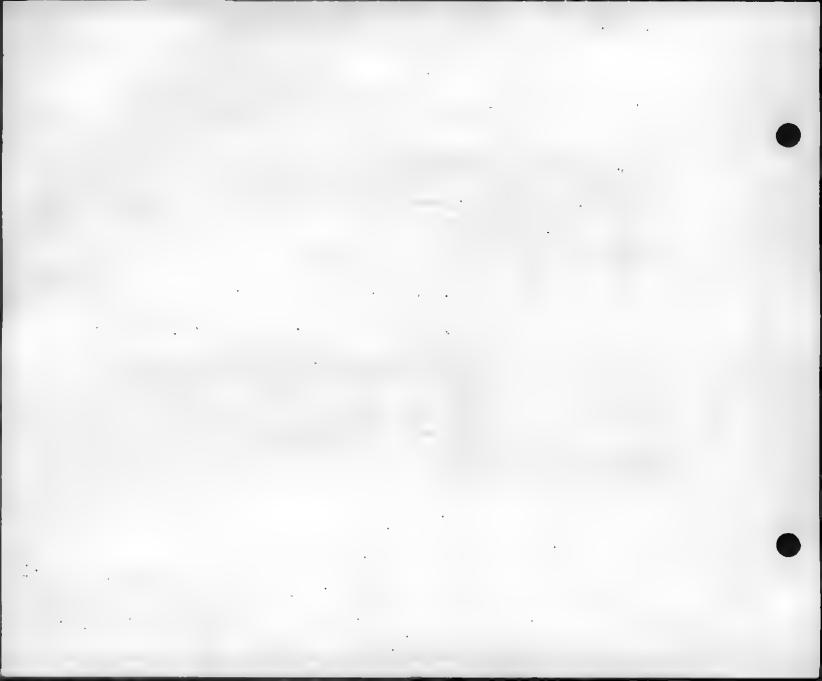
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l	100		Give kind of work done	10b. KII	OUSTRY ATHOME	11 BIRTHPLAC	E (County & State, or	1	12 CITIZEN COUNTY	Y OF WHAT					
İ	13.	FATHER'S NAME				14 MOTHER'S	MAIDEN NAME		*						
1		Lume Hugh	e s			Mat	ttie Cox								
	(Yes		N U.S. ARMED FORCES? If yes give wor or dotes of		OCIAL SECURITY NO 77-68-7121	17. INFORMANT	TELOS	224-11	ress E- SPN	1-Wa	sh				
		18. CAUSE OF DEA PART I. DEATH Conditions, if only, use to immediate stoting the underly	couse (o),	(0) <u>CAYO</u> TO (b)	(a), (b), and (c).) CINOMA	OF F.	PANCE	95	9	NTERVAL BETV ONSET AND DI PARATTI					
	ATTON	PART I OTHER S G PIAISE			O DEATH BUT NOT RELATE	D TO THE TERMINAL DE	SEASE CONDIT ON GE	VEN IN PART 1(o)		19 WAS AUTO PERFORME YES	OPSY ED? NO				
	L CERTIFICATION	200 ACC DENT WAS I OR CONTRIBUTING D (IF FITHER, NOTIFY M	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture of	injury n Port I or P	ort i of tem 18)							
	MEDICAL	20c TIME OF INJUR Hour o.m.	Y Month, Doy, Year	20d IN While of work	Not While	e PLACE OF INJURY (He foctory, street, office		(City or town)	(County)) {	Stote)				
		21. I certify saw the dec	that (I) (this has	pital) attend 30 M	ed the deceased fro ATC 19 68, and	m_23 FE I that death accur	73 , 19 <u>68</u> rred at 8 34	to <u>3/ M</u> , M, from causes	A12, 19 <i>68,</i> and an the c	:That (I) (*date stated	abave				
		220 S GNATURE	All C	800	or L	M.D PHYS	MED DIRECTOR	STAFF PHYS [226 DATES 3/3/	IGNED 8					
		22c. PHÝS CIÁN S NAME (Type)	WALTER	G00,	of MD	22d ADDR 2309	SHUREFIL	ELD RD	WHEAT	TONK	10				
1	230.	BURIAL, CREMATION REMOVAL (Spet Ty)		REOF 68	230 NAME OF CEMETER	com Com		LOCATION (City of T		m	tote)				
1	24	FUNERAL DIRECTOR	Chom bero	Co	fre Masi	0 40 12	PATE DE A		Clarles		_				



2 18 -1	Æt	ems 18, 22 a film 39 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE A	4-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5 %
HEALTH DEDT	// 1 E		Day Year 2b HOUR
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J, 2, m, 2, o	7 ₀	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	140 NAAM
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2 € ole de de	L °	dm ssion) STATE // 13b COUNTY -= C Baltimore YES KX NO [3303 Bloomingd	nle Rd.
hours Item 1 Office Tand 2 after d	14, 8	FATHER S. NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
		Samuel Johnson Edna M. Roberts	
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교육교 교육 대		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY Severe Bilateral Pneumonitis with right	BETWEEN ONSET AND DEATH
xecuted nding" i Medical permit.		1MMEDIATE CAUSE (o)	
be execute "pending" net Medica ansit permit		Out To, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Pulsonary Aboces due to Intracranial	
d b Ch.c.		rise to immediate couse (a), ([D]	
certificate should be exertificate ward "pe invoced to the Chief used as a burial-transit moval and in any ever		ost. trauma	
is certificate shale, writing the value of forwarded to the used as a bur removal and in	İ	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	<u>' </u>
ficot ing ded as (_	1 n. 1	
certi, writt orwol used mova	AT ON	190: DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
~ 5 e e e f	CERTIFICAT	WAS PERFORMED?	YES NO 🗆
d bid by or		210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Port 2, te PRIMARY OR CONTRIBUTING 1	m 18.)
INER: Te certifice should be fles. 3 should assould action, or	MEDICAL	CAUSE OF DEATH P.M. 19	
= 3 x ± 8 5	25	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while write foctory, office building, etc.) 21f LOCATION Street or R.F.D. No City or Town	County State
ecute Poge or you R: Pag		AT WORK AT WORK	
P P P P P P P P P P P P P P P P P P P		220 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry	/ '
ose e irrector osined irrector		deoth resulted from: Natural couses , Accident , Suicide , Harnicide , Undetermined manner [
please I director retained DIREC		ACTUAL CHIEF MEDICAL EXAMINER	IOUPA
Prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1	IGNED 103 to 0
o DEPUTY SICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, cren		EXAMINER'S NAME (Type) 73 (-11) (-11	42/168
The Head	23o	BURIAL, CREMATION, 236, DATE 23c NAME OF CEMETRY/OR CREMATORY 23d , OCATION (Cly or Town)	(County) (Stote)
		principal (C. C.) and the second seco	land
15		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRARS S	GNATURE
√R A15ME (5)- 10M REV 1/68	H	erbert E. Nutter-3035 W. North Ave. DAMAR 18 1968 Williams	a Under



MARYLAND STATE DEPARTMENT OF HEALTH \$\int \text{DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First Middle 20 DATE KNOWN Month Day Yeor (Type or Print) OF ESTI-3 18 68 SARAH JOHNSON 5 DEATH MATED ment 6 AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 3. SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR HOURS iast birthday) Doy FEMALE COLORED 1-14-09 59 YRS 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country! WIDOWED W DIVORCED MARYLAND USA Stote MONTGOMERY after death Pagi 10 CITY OR TOWN OF DEATH 1. NAME OF HOSP, TAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR WITH INDUSTRY during most of working life, even if retired) q-ve street oddress) with the OLNEY MONTGOMERY GENERAL JNEMP LOYED Office along death. 13d INSIDE CITY JOM TS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 136 COUNTY 19900 ZION RD. DERWOOD **NOUTS** lond2 ltem | 14 FATHER S NAME Fist 4051 IS MOTHER'S MAIDEN NAME MATTHEWS EVANS JAMES GRACE forwarded to the Chief Medical Exominer's pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** be executed within pencil (Yes, na, grunknown) MEDICAL RECORDS 를 APPROX MATE INTERVAL event within 18 CAUSE OF DEATH (Enter only one cause per line (oldo), (b) and (c) permit BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (n) **burial-transit** Conditions, fany, which gave rise to immediate cause (a), This certificate should the certificate, writing the word stating the under ving couse ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? þe should be 210 EXTERNAL CAUSE WAS 3 should 21b T ME OF INJJRY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremation, CAUSE OF DEATH 21d NawRY OCCURRED 21e PLACE OF MJURY (At home, form, street, 21f LOCATION Street at R F D Na City or Town County State factory, office building, etc.) moy be retained for your FUNERAL DIRECTOR: Poge WHILE NOT WHILE AT WORK Poge 22a i certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion the funeral director. deoth resulted from Notural couses Accident Soicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINED SIGNATURE necessory, O DEPUTY Heolth 50 NAME OF CEMPTERY OR CREMATORY BURIAL CREMATION 23d LOCAT ON (City or Town (County) (State) 2So REC D BY REG STRAR 25b REGISTRAR'S S GNATURE



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban shauld be filed with the State Dept. af Health prior ta bur, al, crematian, or remaval, and in any event, with

falled in

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

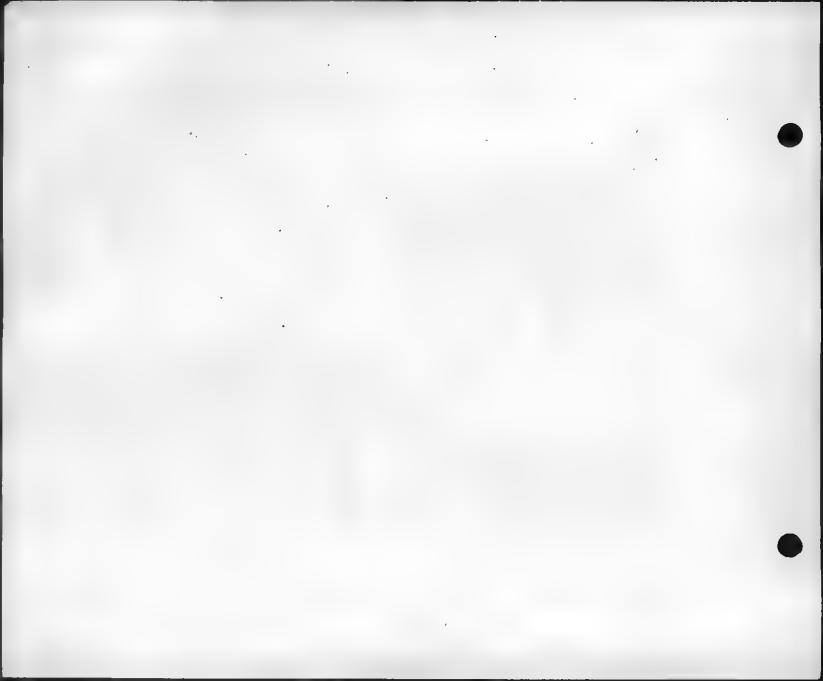
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				(CKIILI	CATE OF DEA	П		V 3	10 0 2
	ECEASED-NAME	First		Middle		Last	2a. DATE	OF DEATH		2b. HOUR
1	Type or print)	WIL	LIAM	EDWARD		JOHNSON		Manth De		2:50
3 5	X		4 RACE			S. DATE OF BIRTH		6 AGE (In years lost birthdoy)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS
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70.	BIRTHPLACE (State or fo		b. CITIZEN OF WH		8. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH		
100	MARYLAN	10	USA		WIDOWED			ONTGOMERY		
	BROOKEVIL	LE	gives	AME OF HOSPITAL OR INS street address) 9808 ZION F	Ro.	du		ON (Kind of work done ng life, even if retired.) DD	INDUSTRY	BUSINESS OR
	JSUAL RESIDENCE (Whissian) STATE		12K COUNTY	ONTGOMERY		R TOWN 134 INST		STREET AND NUMBER	D.	
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	J6	EREMIA	н -	JOHN	SON		RACHAEL			?
160	. WAS DECEASED EVER (fes, no, or unknown)	N U.S. ARME	D FORCES?	16b. SOCIAL SECURITY N		INFORMANT		Address		
	res, no, ar unknown)	(ti yas divit wor	or ocies or service)		M	RS. ZELMA	SNOWDEN '	19808 ZION 1		
				ne for (o), (b), and (c).)						MATE INTERVAL IV DISSET AND DEATH
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	Conditions, if ony, w	hich gave	(b)	CORONARY	HEART	DISEASE			YEAR	RS
	stoting the underlyi		DUE TO, OR A	AS A CONSEQUENCE OF						
	lost ,)	(c)			IC C. V. D			YEAR	RS
	PART 2 OTHER SIGNI	FICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED	TO THE TERMINAL DISEA	SE OR CONDITION G	EVEN IN PART 1(0)		
8				PERTENSION		les	Lac	IS USE THESE SHIP HOS	colleterent in c	CDTICHILD
CERTIFICATION	19a. DATE OF OPERATION	JN 195.EC	NUTITION FOR WM	ICH OPERATION WAS PER	FURMED	20a. AUTOPSY?	CAL	IF YES, WERE FINDINGS ISES OF DEATH?	CONSIDERED IN C	EKIIFTING
ERT	21o. ACCIDENT WAS	INDEBLAINE	216. TIME OF	- INITIDY	216	AE2	NO X	injury in Port 1 or Part 2	Itom 183	
MEDICAL (OR CONTRIBUTING (If either, notify med	CAJSE OF DEATH	HOUR A.M. P.M.	Manth Day Year					Helle 10.)	
W	21d iNJURY OCCURR White Not while at wark at wark				1	LOCATION Street or R.		City or Town	(dunty	State
r	220. I certify the saw the de causes state	at (D)(t his ceased alived ed above)	hospital) atte ve on MARI (1) (way die)	ended the deceose CH 161 (did not) view the l	d from 9 <u>68</u> , o oody afte:	APRIL nd that in (my) ou r death.	, 19 <u>64</u> , to_ ır) opinion deot	MAR. 24 , 1 th occurred on the d	9 <u>68</u> , tho ote and hour	ond from t
	22b SEGNATURE	do	2.//	ours.	DEG	GREE PHYS.	MED DIRECTOR		DATE SIGNED ARCH 25	1968
	22d. Physician's Name (Type)	DONALD	R. LEW	ıs, M. D.		22e ADDRESS 700 C	LOVERLY	ST., SILVER	SPRING,	Mp.
23a	BURIA., CREMATION, REMOVAL (Specify)	23b. DA	27- 6	8 NT. Z			23d LOC	ATION (City or Town) Zion M	(County)	(State) Md
24	EUNERAL DIRECTOR/	1:2	~ Y	AMODICE	1		REC'D BY REGISTRA	25b. REGISTRAR	COLOMATIVA	AAR



		DIVISIO	ON OF VITAL RECORDS, 301 W. PR	ESTON STREET, BALTIMORE,	MARYLAND 21201	
FOR STATE		226	MEDICAL EXAMINER	'S CERTIFICATE OF D	EATH	4. 4.3
HEALTH DEPT.		ECEASED NAME Fir		Lost	2a. DATE KNOWN Month	
e d s	{	(Ype or Print) JUN	E	JOHNSTON	OF ESTI- 3	12 19688:46
ay is 3 ta Page	3 S	X 4 RACE	S DATE OF BIRTH 6 AGE (In years OF UNGER I YEAR OF UNGER	R 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
PM3.	1	Temale White	1/17/09 59	thday) MONTHS DAYS HOURS	Min. Month 3 Day 12	2 Year 1968 3:45M
E 4, a. 8	70	ngegot ja stote) 30A-9KTRIE	7b CITIZEN OF WHAT COUNTRY? 8	MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
L, E g	COUP	To Capo 1 Bridge	U. S.	WIDOWED DIVORCED	Montgomery	Mo
Pages with for		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST		USUAL OCCUPATION (Kind of work dane	126 K ND OF BUSINESS OR
- 4 e o	3	Silver Spring	give street address)Holy	Cross Hosp.	ig most of work og life, even if retired). HOUSEWITE	INDUSTRY
after d 8. Give alang withthe	13 a	USUAL RESIDENCE (Where dece	osed I ved. f institut on Residence before 1	3c. CITY OR TOWN 13d INSIDE CTY	LM/TS? 13e. STREET AND NUMBER	
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haurs tem 1 Office land 2	14. T	ATHER S NAME First	M'ddle Lost	15. MOTHER S MAIDEN NAME		Lost
5 5 5		Willia		r III		lanholtz
I within 24 in pencil in Examiner's Examiner's File pages 72 haurs	160	WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECURITY NO.		ADDRESS 12	20 9 Charles F
		es, po, ar unknown) (If yes gr	TE WIN UT UNITED UT SET STURY	Mr. Delbert J	ohnston Sil. S	
			on y one cause per line far (a) (b), and (c))		a who	APPROX MATE INTERVAL BETWEEN ONSET AND CEATH
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W do to		571.8	DUE TO, OR AS A CONSEQUENCE OF			250-11
hiel ans		Conditions, if any, which gave rise to immediate cause (a),	(6)	osis of Liver		years
shauld be e e ward "per a the Chief ourial-transit in any ever	1	stating the underlying couse				
		last.) (c)			<u> </u>
		PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
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T 0 0	CERTIFICATION	21a EXTERNAL CAUSE WAS	21b TIME OF N.URY Manth, Day Year	214 HOW INDERVIOUS OF	Enter nature of injury in Part 1 or Part 2, 1	
		PRIMARY OR CONTRIBUTING	HOUR A.M.	210 1000 INDAL OCCURATO (I	and holde of highly hi ran 1 of ran 2, 1	ieni iv j
NER: e certif shauld files. 3 shauld otion,	MEDICAL	CAUSE OF DEATH 21d NJURY OCCURRED 21e	P.M. 19 B. PLACE OF NoURY (At home, form, street,	21f LOCATION Street or R.F.D. No	a City ar Tawn	Caunty State
EXAMINER: cute the certifage 4 shauld ryaur files. Page 3 shauld.!, crematian,		WHILE NOT WHILE AT WORK	factory, office building, etc.)		,	
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ical exector exector far Per far Per far CTOR burial			Natural couses , Accident			
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		ACTUAL OF	mb. Bakk		D (A. EXAMINER 225. DATE	SIGNED
UTY any. be be pr		SIGNATURE EXAMINER'S			CAL EXAM NER 🗵	13/65
D DEPUTY necessary, please the funeral direc may be retain D FUNERAL DIRE Health priar ta		NAME (Type)			ef city, town, or county)	
necessa the fun 5 may 10 FUNE Health	230	manager to the state of the sta		METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
		Surcelly)	3/15/68 Mount	Hebran	Winchester V.	0, 22621
	24	EUNERAL DIRECTOR	ADDRESS	2So REC	D BY REGISTRAR 2Sb. REGISTRARS	SIGNATUR
VR A15ME 5) 10M REV 1/68	12	Varaly M	Doglant, Hmu	Kenty Pa DATE N	IAR 18 1968 Jalia	

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH First Lost 2b. HOUR Jone 1 (Type or pnnt) Month, awaon 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years law requires that the death certificate be executed within 24 hours after 1 . to Cost birthdoy) HGLRS light 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH physicion and completely filled in en please remave carbon popers remave carbon popers n ony event, within 72 h Mant-nriphu DIVORCED [WIDOWED [7] 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (King of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY Silver Spring 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13a INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY. 1003 Pohin Koad Laburano or removal, and in ony 14. FATHER'S NAME S MOTHER'S MAIDEN NAME First Furst Lost Lost Lamar Jones Monk 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 578-48-0311 Robin Road **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending phy director, page 3 should be detached for use as the busial-transit permit. Then 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY COMA-CEREBRAL IMMEDIATE CAUSE (o) buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF CEREBRAL METASTASIS Conditions, if ony, which gove) nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF CARCINO MA - PRIMARY 7 M.O stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOTARELATED TO THE TERMINA PREASE PROPORTION CHEMAN BART 1/01 S. os the prior to l 196. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES | NO ROK by the hospitol or 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d INJURY OCCURRED AT HOME, FARM, STREET, FACTORY. 1 21f. LOCATION Street or R.F.D No. 21e PLACE OF INJURY Stote City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 100 V. 22, 1961, to MHKCH 281963, that (I) (we) last saw the deceased alive an MARCH 28 1963 and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the be retained causes stated above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) KOCKVILLE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL CREMATION (Stote) REMOVAL (Specify) Jairmont Cometery IPW ' PAS 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 DATE



10M REV 1768

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE, MARYLAND 21201
**	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
. 2 .	1 DECEASED NAME First Middle Lost 2a, DATE OF DEATH 2b HOUR
erath death death	(Type or print) Lelah Mabel Janes Month Day year 75%
	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years Funder Year IF Choese 24 Her
Page Pours	TO BIRTHPLACE (State or foreign 75 CHIZEN OF WHAT COUNTRY? 8 MARDIED 9. COUNTY OF DEATH
d in Popers.	To BIRTHPLACE (State or foreign 76 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Grountry 1
law requires that the death certificate be executed within 24 hours nding physician. been signed by the attending physician and completely filled in by is the burial-transit permit. Then please remave cerban papers? Print ta burial, cremation, ar remaval, and in any event, within 12 hour	10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done live street oddress). Takoma Park 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of work done live street oddress). Takoma Park 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of work done live street oddress).
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ficat ysicie plec plec	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na_or unknown) (If yes give wor or deleas of service) 16b. SOCIAL SECURITY NO. 17, INFORMANT Address
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The law re attending has been se as the lake the the prior to the left.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO CAUSES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
<u></u> = 0	YES NO W CAUSES OF DEATH?
MN: The al or att incate ha far use Heaith t	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 22c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Parl 2, Item 18.) S 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Parl 2, Item 18.)
Pictification of the control of the	[] (If either, natify medical examiner) P.M. 19
Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept of Heali	21d. INJURY OCCURRED While Not while of work o
by the differ of	220. I certify that (1) (this hospital) attended the deceased fram March 1 419 Co., to hung, 17, 19/6, that (1) (we) lo
R: A	saw the deceased alive on 1968, and that in (my) (aur) apinion death occurred on the date and haur and from the courses stated above, (I) (we) (did) (did not) view the bady after death.
DE ATTING be retained DIRECTOR: A pe 3 should ed with the S	226 DATE SIGNED
Direction of the second of the	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. Director 17, 196
Page 4 may be retained • FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22d. PHYSICIANS NAME (Type) A V3 LITTLE HD 22e ADDRESS (2 9/1-5/10 xx Mu. 4-04 198 200/2
MOSI age 4 FUNE rectar hould	230 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Pag Spip	Property man 22 /62 get stored Chebrus Sudiana
VR A15 (4) 30M REV. 1/68	24 FINERAL D RECTOR CHARLES ADDRESS WAS H.D.C. 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
30M REV. 1/68	(Struct 1860) 254 Busraph St NUMBER 2 0 1968 Milarlas July



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Last 2a. DATE OF DEATH DECEASED-NAME 2b. HOUR requires that the death certificate be executed within 24 havrs after death (Type or print) Bertha Kaiser The funer 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years lost birthday) MONTHS HOURS June 18, 1886 White Female physician and campletely filled in by 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Oxen Hill. Montgomery. or remayal, and in any event, within 72 Md. WIDOWED X DIVORCED [12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OF Villa Nursing Home mast of work ag life even if retired.) remove carban Silver Spring, Md. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Wash. D.C. 13b. COUNTY D.C. 10 9th St. S.E. 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Last John Frances Dement 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, na. ar unknawn) (If yes give wor or dates of service) 579-60-1232 Colonial Villa 12325 New Hampshire Ave.
Silver Spring, Md. APROXAMEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) O FUNERAL DIRECTOR: After this certificate has been aut sp 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 Page 4 may be retained by the haspital or 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21d INJURY OCCURRED 21f. LOCATION Street or R.f D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 2/26, 1961, ta 3/2, 1966, that (I) (we) last saw the deceased alive on 3/6, and that in (my) (oer) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE directar, page shauld be filed 22e. ADDRESS 22d PHYSICIAN'S 23a. (BURIAL PREMANION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE Cedar Hill Suitland, earyland AHES T. RYAN, INC. Brown, 87- 317 PA. AVE, S. E. D.C. 3 25a, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) & 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J 2 .0 CERTIFICATE OF DEATH Middle DECEASED NAME Lost 20 DATE OF DEATH 2b. HOUR First death. deoth unerol (Type or pnnt) Month puo Year 9 4 RACE after 3 SEX S. DATE OF BIRTH 6. AGE (n years IF UNDER 1 YEAR F JNDER 24 HRS MONTHS lost birthdovi DAYS HOURS Page signed by the ottending physicion and campletely filled in by h burial-transit permit. Then please remove carban papers, Pag burial, cremation, or removal, and in ony event, within 72 hours law requires that the deoth certificate be executed within 24 hauss 9' COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED Never MARRIED country) DIVORCED [WIDOWED | 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 121/ KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give_street odd(ess) during most of working life, even if retired.) MOUSTRY HOUSewif 130 USUAL RESIDENCE (Where deceased lived, f institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES 14 FATHER'S NAME Middle 15 MOTHER 5 MA DEN NAME First Lost SARSFIELD TRICK 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 1 (f yes give war or dates al service) Yes, no, or unknown) 45BAND. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF > physician. stating the underlying cause) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITIONS attending p ficate has been s for use as the b f Health prior to b 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO V this certificate be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 90 If either, notify medical examiner) P.M. be detached 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21F LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County Stote State Dept. City of Town OFFICE BUILDING, ETC. While Not while of work O FUNERAL DIRECTOR: After 22a | certify that (1) (this haspital) attended the deceased from 0 19 Gand that in (my) (aur) apinian death accurred an the date and have and fram the 3 should twith the S saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE DIRECTOR PHYS. 22e ADDRESS 22d PHYSICIAN'S NAME (Type) 101 OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23o, BUR AL CREMATION 23b DATE (County) REMOVAL (Specify) MAR 2 6 19 **SUNERAL DIRECTOR** 2Sb. VR A15 (4)4 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



Lost

Hegarty

County

(County)

APPROXIMATE INTERVAL

ETWEEN ONSET AND DEATH

Stote

70 BIKETHELACE (State or foreign New Jersey 10. CITY OR TOWN OF DEATH 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before Mary Land 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Lost C. John J. Ellen Kane 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address No na, arunknawn) [[If yes give war or dates of service) Mae A. Kane, Wife, Same as # 13 579-54-8910 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave ! rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THEITERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from June , 1961 , to March 2 , 1968 , that (I) (we) last sow the deceased alive on March 4 , 1968 , and that in (my) (earl) opinion death occurred on the date and hour and from the Quises stated above, (1) (we) (did) (did not) view the bady after death. 22b/SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR PHYS PHYSICIAN'S 22e ADDRESS John F. Brennan NAME (Type) 103 23d LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) 3/8/68 ADDRESS ZSo. RECID BY REGISTRAR SOCIEDAD REGISTRAR SIGNATURE WIS. Wash. D.C. DAR MARK 8 1968 A. REGISTRAR SIGNATURE REGISTRAR

DATE MAR

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate

24 FUNERAL DIRECTOR

Joseph Gawler's Sons, 5130 Wis, Wash., D.C.

director, page 3 should should be filed with the

burial, cremotion, or removal, and in any event, within

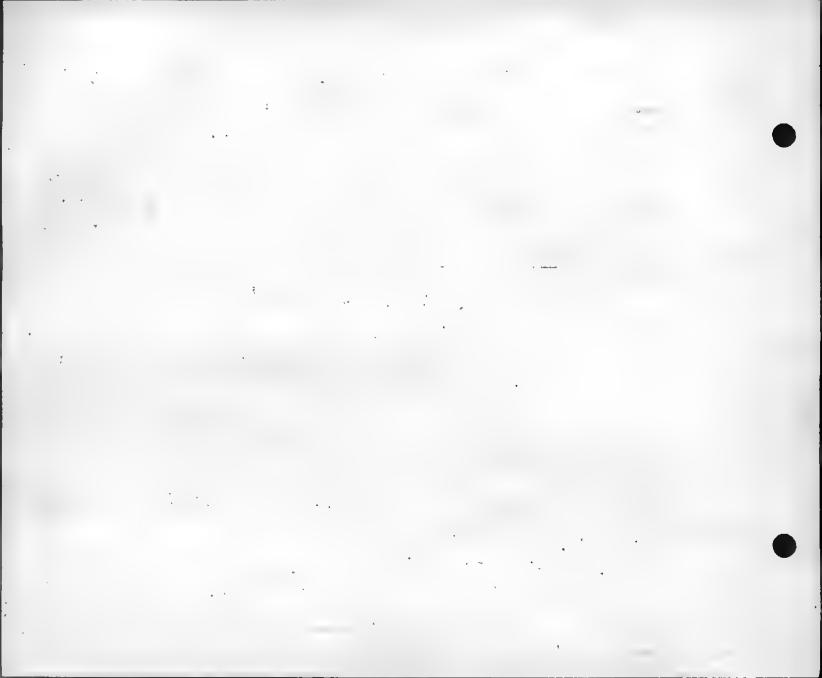
ottending physician permit. Then please

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24 hours after death

The law requires that the death certificate be executed



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

20. DATE OF DEATH

54362

Year IF UNDER TYEAR 2b HOUR

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician

DECEASED-NAME

First

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ter 1	ı	3. SE		4. RACE		7	S DATE OF BIRTH	,	6 AGE (in years lost bighday)	IF UNDER TYEAR MONTHS DAYS	IF JNDER 24 HRS
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(E. 1)			IRTHPLACE (State or foreign	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9, COUNT	Y OF DEATH		
جَ الْحَادِ عَالَ		CORL	rk Co tenn	. \	SA		DIVORCED [Mont go	mPKI	Md
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lete arb		13 o.	USUAL RES DENCE (Where d	eceosed lived, if inst	itution: Residence befo				Se STREET AND NUMBER	,	
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by the transit crema			nse to immediate couse stating the underlying co		OR AS A CONSEQUENCE		,				
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signed burial- burial,			PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTR	IBUTING TO DEATH BU	NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART 1(a)	<u> </u>	
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rtificate has been d far use as the of Health prior ta		CERTIFICATION	190. DATE OF OPERATION	19b CONDITION FOR	WHICH OPERATION WAS	PERFORMED	200. AUTOPSY?	7 2	Ob IF YES, WERE FINDING	GS CONSIDERED IN C	ERTIFYING
e has b use as alth prio	.)	TIFIC	7.1 1968	Colast.	my Pa.	Colon	YES 🔲	HO 🗗	AUSES OF DEATH?		
ficate for un			21a ACCIDENT WAS UNDE		E OF INJURY	21c. I	HOW INJURY OCCURRED	(Enter noture o	f injury in Part 1 or Part	1 2, Item 18.)	
清岩岩		MEDICAL	OR CONTRIBUTING CAUSE O		M. Month Day Y M.	90f 19					
		ME	or . It may occupate	21e. PLACE OF INJU	AT HOME, FARM, STREET	, FACTORY) 21f. 1	LOCATION Street or R.	F.D No	City or Town	County	Stote
this leta De			at work at work				_			named where	
After this ce d be detache e State Dept.			22a. I certify that (I) (th is hospital) -	attended the dece	ased from	100-3	, 194 S., to	MARCH 13.	19 <u>£0</u> , that	i (I) (w e) last
Id I			saw the decease	ed alive on 24	id) (did not) v iew t	19 <u>,4_6</u> , ai	nd that in (my) (or	rr)-opinion de	oth occurred on the	date and haur	ond from the
ECTOR: S shaul with th			22b. SIGNATURE	buve, (i) (w e) (u	tal tala non view i	ne body affer	death.			22c. DATE SIGNED	
			12 1 M		5 //	DEG	GREE PHYS C	MED. DIRECTOR	STAFF C	7/12/	110
Filed and a			22d. PHYSICIAN'S	wa	ma	DEC	22e. ADDRESS	DIRECTOR	- mis	2/13/	0 6
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FUNERA rector, p nould be		23 c	BURIAL CREMATION,	23b. DATE	23c NAME	OF CEMETERY O	R CREMATORY	23d 10	OCATION (City or Town)	1County)	(Stote)
funeral DIR director, page should be filed			REMOVAL (Specify)	3/16/	68 ST	MAR		(PORK	1085	Va
-		24	FUNERAL DIRECTOR TO THE STEEL	<u> </u>			le Di 100 250.	REC'D BY REGISTR	PAR JOSH REGISTR		48.
VR A15 (4) 30M REV 17	68	Τ,	son wheele.	r runera.	L ROM - L	JJI ROC	L TIVE	MAR 18	1968	area June	0

Middle



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOUR 2g. DATE OF DEATH and 2 death. DECEASED NAME ofter death Month (Type or print) funeral IF UNDER 24 HRS IF UNDER YEAR S. DATE OF BIRTH 6. AGE (In years 3. SEX lost birthdoy) DAYS HOURS MONTHS Pages event, within 72 hadrs of requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEAT 7a BIRTHPLACE_(State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED | country) physician and campletely filled in intromery papers DIVORCED [WIDOWED W 11 NAME OF HOSPITALOR INSTITUTION (If not in hospital give street oddress) OON 12 VII a 12a. USLAL OCCUPATION (Kind of work of per 126, KIND OF BUSINESS OR TOWN OF DEATH 10 CITY OR during host of working life, even if retired.) INDUSTRY ease remove carban ocino Nucsina 13e STREET AND NUMBER 134 INSPOE CITY JUNITS? 13a USUAL RESIDENCE (Whert deceased used, if institut on Residence before admission) STATE 1/1/1 13b. COUNTY 1/1/1 41-13c CITY OR TOWN YES Z NO ar removal, and in any IS. MOTHER'S MAIDEN NAME First Middle Lost 14 FATHER'S NAME INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar anknown) (If yes give war or dates of service) d the attending phys 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY (ONGESTIO IMMEDIATE CAUSE (a) burial, cremation, Conditions, if any, which gave burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART as the Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been priorta 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 be detached for use State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, notify medical exominer) (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. State County 21e. PLACE OF INJURY City or Town 21d. INJURY OCCURRED While Not while at wark O HOSPITAL OR ATTENDING 220. I certify that (I) (this hospital) attended the deceosed from 1967, to 774-Cert 1/1966, man (i) (we) loss caw the deceased alive an 1968 and that in (my) (our) apinion death occurred an the date and haur and from the 3 should b director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) (State) 230 BURIAL CREMATION REMOVAL (Specify) REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2b. HOURD I. DECEASED-NAME First Middle 2a. DATE OF DEATH (Type or print) March 29 9:40 N Norman Edward Kell v 4. RACE S DATE OF BIRTH IE LINDER I YEAR 3 SEX 6 AGE (In years last birthday) Male Negro 9/22/96 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED (country) Maryland U.S.A. WIDOWED [D VORCED Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of warking life, even if retired) Religious OI nev Montgomery General Hosb Clergyman 13a, JSJAL RESIDENCE (Where deceased lived, if institution, Residence before, 113c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY EIMITS? 13b. COUNTY Montgomery Spencerville -NO . Batson Road 14 FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Nelson Kellv Selena 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Yes, na. ar unknawn) (It yas give war ar dates of service) records, Montgomery General Hospital 18. CAUSE OF DEATH (Enter only one cause per line for Jq), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS'A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20a. AUTOPSY? 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d IN.JRY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.E.D. No. County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 2 saw the deceased alive an 3-27 1968, and that in (my) (aur) apinjan death accurred on the date and hour and from the causes stated above. (1) (we) (did nat) view the bady after death. by Consultant neurolayest 22c. DATE SIGNED 225, SIGNATURE ATTENDING DEGREE DIRECTOR

Page 4 may be retained by the TO FUNEXAL DIRECTOR: After the director, page 3 should be deshould be filed with the State E VR A15 (4) 30M REV. 1/68

22d. PHYSICIAN'S

BURIAL (REMATION

24. GUNERAL DIRECTOR

NAME (Type)

offer

ban pan within

and in any event,

burial, crematian, ar remayal,

signed by the burial-transit p

attending has billen

by the haspital

ficate

requires that the death certificate be executed within 24 hours

John R. Spencer. M. D. 23c NAME OF CEMETERY OR CREMATORY OU

22e. ADDRESS

Burtonsville.

(County)

ADDRESS



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filled with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs offer deal shauld be filled with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haurs offer deal shauld be shall be shaded. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1268 1333

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VITAL	RECORDS,	301	W.	PRESTO	N ST	REET,	BALTIMO	RE,
		CER	TIF	ICATE	OF	DEA	TH	

		CEASED-NAME ype or print)	First	Middle		lost .	1.	20. DATE OF DEATH	D	V	2b. HOUR
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	3 SE	•	4. RACE			S. DATE OF BI		6 AĞE (Ir lost birt	yeors IF		F JNDER 24 HRS
		female	whit			7/26/		1 89	YRS.		
	7o B	BIRTHPLACE (Stote or foreign				NEVER MAR	KIEUL	COUNTY OF DEATH			
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				AME OF HOSPITAL OR INS street oddress)	ENTUTION (II s	net in hespitel		OCCUPATION (Kind of vist of working life, even i		126. KIND OF BL INDUSTRY	JSINESS OR
- 1		ensington USUAL RESIDENCE (Where of	Ca	arroll Ha				Retired to	eacher		
	odmi	ssion) STATE ,	13b COUNTY	ion. Kesidence perore	13c (11Y 0)		YES NO			D 1	NT 1
	7.4 C	ATHER'S NAME First	Middle	lost	Wash	S. MOTHER'S MA		_ 105à 00	Middle	a Kd.	N.W.
.	14 6		n Yates Ke								F021
	160	WAS DECEASED EVER IN U.S		1166 SOCIAL SECURITY N	0 17	INFORMANT	II ATC	toria Bel	Address		
			is give wor or dates of service)	TOD. SOCIAL SECORATI IN			Ston	tenburgh	Municos		
		IN CAUCE OF DEATH (F-	lar anti- and a second at the	- for fall (b) and (a)		000000	DUGA	oonour gn		APPROXIMA	TE INTERVAL
		18. CAUSE OF DEATH (En PART I. DEATH WAS (AUSED BY:			· Vine	Neas	- Frilum		BETWEEN ONS	P)
	IMMEDIATE CAUSE (0)									days	
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		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
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1,000	TIFIC					YES 🗌	NO 13	CAUSES OF DEATHS	?		
		210. ACCIDENT WAS UNDE			21c H	IOW INJURY OCC	URRED (Enter	noture of injury in Port 1	or Port 2, Item	18}	
	WEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19									
	ME										
		White Not while at work OFFICE BUILDING, ETC									
		22a I certify that (1) (this hospital) attended the deceased from Alfa, 1963, to Manach 291968, that (1) (we) last saw the deceased alive an March 28 1968, and that in (my) (our) apinian death accurred an the date and haur and from the									
		saw the deceased alive an									
		22b. SIGNATURE		4					22c. DAT	E SIGNED	/
		There & Cara phalle DEGREE PHYS DIRECTOR D STAFF D 3/29/68									
1		22d PHYSICIAN S	1-1 12 1	2	11	22e ADD		000	00	,	
1		NAME (Type)	611 / (ce expo	261		162		KO	/	
	230	BUR AL, CREMATION, REMOVAL (Specify)	23b DATE	23c. NAME OF				23d LOCATION (City or		County)	(Stote)
\		hurial	4/1/68	All Sa		Churc		. Sunder	Land,	Md.	
	24.	FUNERAL DIRECTOR The		nes Compe	ny		250. RECD BY	REGISTRAR 1968 2Sb.	REGISTRAR'S S.G	NATURE	*
		Was	shington.	D.C.			DATE		V	0	



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TAMER

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

J436h

\					CERTITIO	AIL VI D	LAIII					
	1. DECEASED-NAM (Type or print)		t .ne Is/bel	Middle		Last		2d DATE OF	DEATH Month	Doy _	- Yeot	2b. HOUR
	3. SEX	t AULI	A RACE	KIEM.,		S. DATE OF BIRT	1)		6. AGE (In years	ć.	190	G { 1 ; 1 ; IF UNDER 24 HRS.
	Fomula		hite			6/2/1.8			lost birthdoy)			HOURS MIN
	7a 81RTHPLACE (tote or foreign	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED	☐ NEVER MARRI	ED (. COUNTY OF	1 -2			
	Jash.	DE	USA		WIDOWED	- Lander	D 🗌	:llc	ntcomer	·V		M
	10. CITY OR TOW	OF DEATH	give s	ME OF HOSPITAL OR IN treet oddress) wer sity N			during mo	. OCCUPATION st of working I DOKO JOE	(Kind of work d ife, even if retir		26 KIND OF I	
		ENCE (Where dece	osed lived, if institution 135, COUNTY	an: Residence before,	13c CITY OF	ington is	INSIDE CITY LIN	rise 13e STR	EET AND NUMBE		0074	
	14. FATHER'S NAM		Middle	Lost		S. MOTHER'S MAID			Midd	le		Last
	Willia	m Erskin	18			Annie	Frede	rick				
	16g WAS DECEAS	ED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURITY	4.1	NEORMANT (Lames		71	1 COMPAGE		treet	
	18 CAUSE	DEATH WAS CAUS	only one cause per lin	ne for (a), (b) and (c))	-		630	1	24.5	APPROX N BETWEEN OF	SET AND DEATH
	1.1.3	IMMED	MATE CAUSE (a)	C Come		Jang	E-C.L.	_Lil	and the same	~c.	and the same	ment
ı	Conditions	if ony, which gave		S A CONSEQUENCE OF		. 5		ali "	-	pT _a	-	
	rise to imin	ediote couse (o)	(b)	S A CONCEONENCE OF		<u> </u>	7 51-6 C	2 all her?	(de la companya de l		-	-
	stating the	underlying couse	(c) _ ===	S A CONSEQUENCE OF	. 6		· .	1/2	- O.		1 33	1 .
	PART 2 OT	IER SIGNIFICANT C	ONDITIONS CONTRIBU	I NG TO DEATH BUT I	NOT RELATED T	O'THE TERMINAL I	DISEASE DRCC	INDITION GIVEN	I IN PART I(o)	7 -4		T
	,	2	Cat.			_0		Geor	and a			
	190 DATE OF	OPERATION 191	CONDIT ON FOR WHI		ERFORMED	20a. AUTOPS			YES, WERE FINDI	NGS CONSI	DERED IN CE	RTIFYING
1	191	60	C	- 4 6	200	YES 🗆	NO DE	CAUSES	OF DEATH?			
	E 210 ACCIDI	NT WAS UNDERLY				OW INJURY OCCUR	RRED (Enter	nature of injur	y in Port I ar Pa	rt 2, Item	18.}	
		uting Cause of de alify medical exam		Month Day Yea	10							
	While		e PLACE OF INJURY	AT HOME FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f L	OCATION Street	ar R.F.D. Na.	City	or Town	((Julia	State
	22o. I ce	tify that (I) (1	his hospital) atte	ended the deceo	sed fram_	216		Z, to	27	, 19_6	d, that	(I) (we) la
220. I certify that (1) (this hospital) attended the deceased from 1964, to 25, 1965, saw the deceased alive on 1964, and that in (my) (aur) opinion death occurred on the date causes stated above, (1) (we) (did) (did not) view the bady after death.										e dote o	ind hour (and from th
	22b "SIGNAT	JRE				ATTEMPING	MI	:n	STAGE	22c. DATE	SIGNED	
	1 /	-	1/	seint -	DEG	REE PHYS	E D	RECTOR -	PHYS.	3,	250	68
	228 PHYS I	Type		7	1	22e. ADDRE						
	HAIRL	July Duly	0.75.61	K, M.,		1919	Semin		Silve		rino,	Md.
)	230 BURIAL, CRE REMOVAL (S		DATE		CEMETERY OR			23d LOCAT O	N (City or Town)	C (C	ounty)	(State)
1	SHEET CO.	rectify)	rch 2?, 1	96P 1.t.	2 mool	n (emete	ery	Pranci	2 1100400	OH	nty, 1	700
10	24. EUNERAL DI	CIORLES (". Glen Co	thten eppres	Georg	1a H-10 2	So RIGORY	KEEDSTRAR 1	968 REGIST	ARS SIGN	LA LA	adar.
	1 74.10k	1. immh	ron One	21/110x N	14149	190 .	DATE		1		- /	134

to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the functal.

director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages—I and should be filled with the State Dept. of Health prior to buriol, cremat on, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J436 i CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 20. DATE OF DEATH 2b. HOURD (Type or print) Month Gabriel King March 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) MICHTHS 3/19/91 White Male signed by the attending physician ond completely filled in by the busiok-transit permit. Then please remove carbon papers. Pag YRS The low requires that the death certificate be executed within 24 hours 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. WIDOWED Montgomery burial, cremotion, or removol, and in ony event, within 72 DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address)
Montgomery General Hosp. during mast of working its, even if retired) INDUSTRY Olney 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY Maryland NO T MontgomeryGaithersbur Montgomerv 14. FATHER 5 NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Elias Gertrude King Lawson 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) 218-20-0012 records: Montgomery Gen. Hosp. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospitol ar attending physicion. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use os the should be filed with the Stote Dept. of Health prior to .9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CERTIFICAT CAUSES OF DEATH? YES 🗔 NO FO 21a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram.... , 19 42 ta_ 1962, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) A. Dement Bonifant, M.D. Sandy Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (County) (State) REPOWN (Spenty) Frederick Mt Olivet Md Gartner 24. FUNERAL DIRECTOR Ernest 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/66 Zucc Gaithersburg. Md. DATERALD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH FALTH DEPT DECEASED NAME Middle Last 2a DATE KNOWN Manth Day 2b HOJR Year (Type or Print) OF ESTI-Mahel 0. Kipfer 19 6 DEATH MATED F UNDER + YEAR 6 AGE (In years F UNDER 24 HRS 3. SEX 4. RACE 2c DATE PRONOUNCED DEAD 5 DATE OF BIRTH 2d HOUR pue lost birthday) HOJIRS Month Cauc. 4-12-99 Fe 1068 9:35 7a BIRTHPLACE (State or foreign 75. CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH (ountry) I11. U.S.A. Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (fingt in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR Lothrop Dent duing most of working (le, every fred red) Retired Sales Clerk Silver Spring Hills N.H. 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JAMITS? 13e STREET AND NUMBER death admission) STATE Mid. 13b COUNTY Montg.0 6 Rockville YES TO 10 12612 Turkey Br. Pkway. l and 2 after 14 FATHER S NAME Middle 15 MOTHER'S MAIDEN NAME First Wolske haurs penci 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (Yes, na, ar unknown) Funeral File APPROX MATE INTERVAL within This certificate should be executed 18 CAUSE OF DEATH (Enter anty one cause per me for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Generalized Carcinomatosis secondary event DUE TO, OR AS A CONSEQUENCE OF Canditians if any, which gave to Adenocarcinoma of Cervix. rise to immediate cause (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ICO. 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [execute the certificate 2 o EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, item 18) 2 b. TIME OF N. URY Manth, Day, Year 3 shauld WEDICAL PR MARY TOR CONTRIBUTING HOUR AM CAUSE OF DEATH 21e PLACE OF NURY (At hame, farm, street, 21d INJURY OCCURRED 21+ 10CATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that Hook charge of the remains described above, held an Autopsy ... Inspection X Inquiry 3 and in my opinion death resulted from Natural causes 🕱 Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAM NER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED 3 - 9 - 68Belden R. Reap, M.D. My or county) Wheaton. Md. 50 BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Parklawn Cemetery 196R Georgia DORISSenue, S.S. Mabb. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAK VR A15ME (5) Funeral Home, S.S., Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2g. DATE OF DEATH DECEASED NAME First Middle Last 2b. HOUR (Type or print) Manth, Meta Kirsteins SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthday) HOURS White Temale Dec. 16. 7a. 81RTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Patinia DIVORCED [Latura WIDOWED [Montgomery 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) Betherda Outuation Hospital Own Home 13e. STREET AND NUMBER 13a JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY Montaomery odmission) STATE Garrett 11.115 Rokebu Avenue 14 FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Lost Peter Jarks Amalita Reonis 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na/gr unknown) Nane 11115 Kopely Ave APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c),) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o Conditions, if ony, which gove to rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 7 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) / AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or R.F.D No. 21d INJURY OCCURRED 21e. PLACE OF INJURY County Stote City or Town While Nat while at work 220. I certify that (1) (this haspital) attended the deceased from 19 1, to Flavol 7, 1968, that (1) (we) last sow the deceased alive on 1968, and that in (my) (our) opinion death accurred an the date and haur and from the couses stated/above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE PHYS DIRECTOR 22e. ADDRESS 22d, PHYSICIAN'S George Sharpe NAME (Type) 10400 Ave Conn. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23a SURIAL CREMATION 23b. DATE (County) R. REMOYAL (Specify) Rock Creek Cemetery Washington.

DATE

Silver

requires that the death certificate be executed within burial-tronsit permit. Then please remoi burial, cremation, or removal, and in ony signed by by the hospitol or attending physicion. prior to 0 of Health TO FUNERAL DIRECTOR: After this O HOSPITAL OR ATTEND Page 4 moy be retoined director, page 3 should should be filed with the

24 hours after death

completely filledwin

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VR A15 (4) 30M REV, 1/68

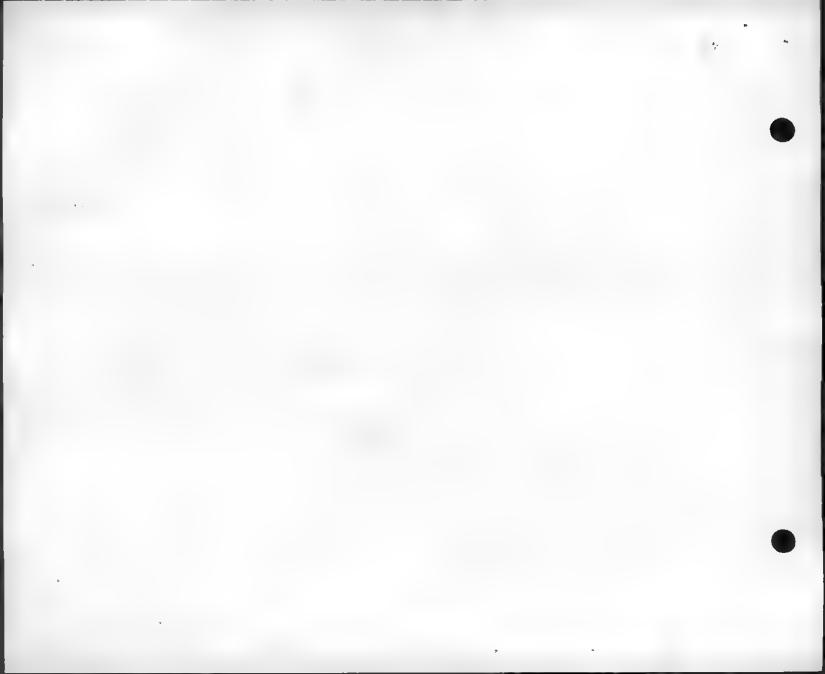


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Year defatt Month (Type or print) the funeral KASSCW IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX last birthday) MONTHS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign B. MARRIED MEVER MARRIED country) WIDOWED 1 DIVORCED [Mindomek UJA 12a USUAL OCCUPAT ON (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of wasking life, even if retired) INDUSTRY give street address) Chan Chart and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 100 136 INSIDE CITY LIMITS? 13b. COUNTY admission) STATE YES [A]. NO Ch Chase 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Shaping. physician a nen please I 17. INFORMANT Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar unknown) (If yes give war or dates of service) burial, crematian, ar removal, APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 3 GULVE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-transit (rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending be detached far use as the State Dept. af Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 КО □ DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State 21d. IN. JRY OCCURRED While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 60 , 19 , 1a 5 water , 19 60 , that (I) (we) last saw the deceased alive an 5 water 19 68 , and that in (my) (our) opinian death accurred an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED 22e ADDRESS 22d PHYSICIAN'S FUNERAL NAME (Type) 1100-2201 230 BURIAL EREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (State) REMOVAL (Specify) 2 **REGISTRAR 5 SIGNATURE** 2So. REC'D BY REGISTRAR 2Sb VR A15 (4) 30M REV 1/68



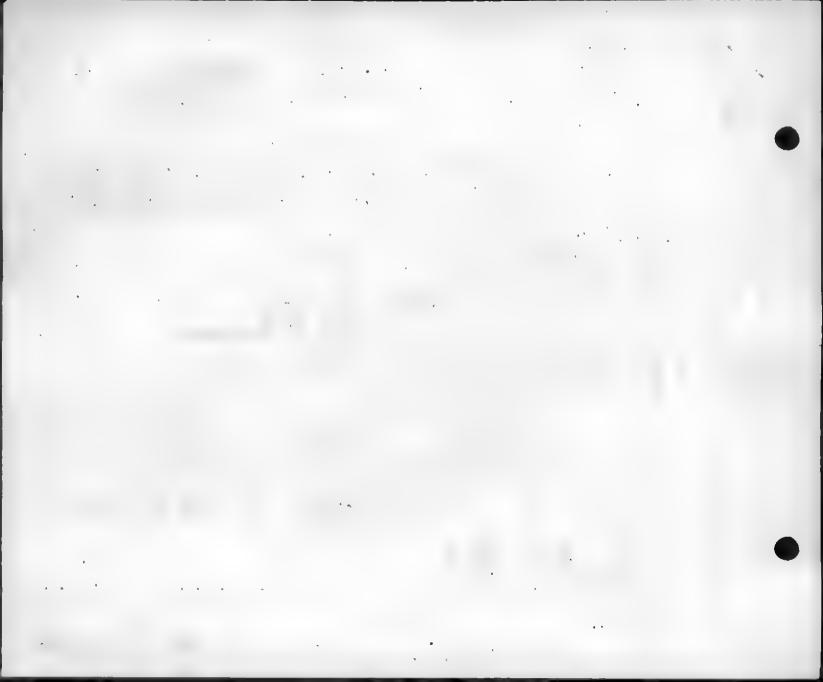
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME 2a. DATE OF DEATH death. (Type or print) 3 SEX IE CNOER I YEAR 6. AGE in years last birtheav MONTHS HOURS 7a BIRTHPLACE (State or fareign 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [7] requires that the death certificate be executed within 24 event, within IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR UNSTITUTION (If not in hospital 12g USUAL OCCUPATION Axing of work done 25 KIND OF BUSINESS OR give street address te, even if refired i INDUSTRY carban RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN. 13d. INSIDE CITY (IM TS? 13e STREET AND NUMBER adm ssian) STATE 13b. COUNTY YES X remaye in any 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Unknown Wife 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7 INFORMANT Address Yes, na, ar unknown) (f yes give war or dates of service) Helen Krynitsky O. Same as Item 13. ar removal, signed by the attending phy 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Coronary ThromaDosis. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave a Cerabial. Throm bosis Left Hemispher rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Pertensive Cardio Vasculat PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Hal far use as the t Health prior tab has been 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Caunty State While Not while at work be retained causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED directar, page 3 shauld be filed v DEGREE DIRECTOR 7936 Old Georgetown 22d, PHYSICIAN 22e. ADDRESS JOHN G. BALL NAME (Sype) Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION 23b DATE 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) 3-22-68 Cedar Hill Crematory Suitland, Maryland Cremation FUNERAL DIRECTOR Pumphrey, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

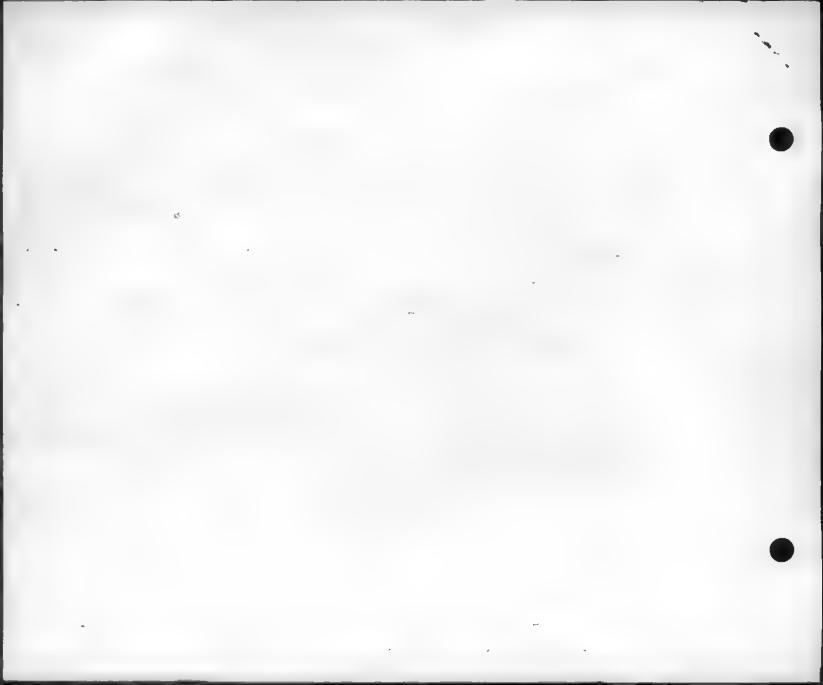


CERTIFICATE OF DEATH	1x _	Item 13e Film G	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF F 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	\$.7s							
DEFEASED NAME (Type or print) MORRIS Middle MARK KUSHINER Control of Birth Morth 2 dov 1 deep 7 50 d	$(N_{2})^{-1}$	14385				7.							
Male A RACE S DATE OF BIRTH A RACE S DATE OF BIRTH A RACE Mink of Birth Mink of	de ath.		Middle										
TO DESCRIPTION (Store or foreign	after to a anter				last birthday)								
To CITY OR TOWN OF DEATH ROCKVILLE TO USUAL RESIDENCE (Where deceased lived, if institution, Residence before a give freet odders). The control of the con	in 7 ers. P	70 BIRTHPLACE (State or foreign country)		MAKKIED MEVEK MAKKIED		MA							
The control of the state of th	Inthin 24 Iy filled on pap within 7		O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BIISINESS OR										
The part of the significant conditions considered in Certifying Course of the significant conditions considered in Certifyin	mplete ve carb event,	130. USUAL RESIDENCE (Where decease odmission) STATE	d lived, if institution. Residence before	13c CITY OR TOWN 13d. INSTDE CITY LE	MITS? 43 STREET AND NUMBER	Apts.							
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film war 5-2 to maryland state department of Health



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RA		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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		220. I certify that (1) this hospitally extended the deceased from March 1968, to Minister 14, 1968.	that (Dawe) las
		220. I certify that (1) (this hospital) extended the deceased from March, 1963, to March 1963, saw the deceased alive on 1964, 1965, and that in (my) (our) opinion death occurred on the date and h courses stated above, (1) (we) (did) (did not) view the bady ofter death.	nour and from the
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		225 SIGNATURE 222. DATE SIGNI	ED
TAL OR may be AL DIR page 3 be filed y	/	22d. BAYSICIAN'S 22e. ADDRESS	
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VR A15 (4) 30M REV. 1/68	3	John St. Skiles TANEXTOWN Md. DATE MARTIN 1968 TOWN	yudges



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CEASED-NAME First		Middle		Last		2a. DATE OF E	DEATH De	V	2b. HOUR
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		21a. ACCIDENT WAS UNDERLYING			21c.	HOW INJURY OF	CURRED (Enter	nature of injury	in Part 1 or Part 2,	Item 18.)	
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		saw the deceased ali couses stated abave,	ve an MAK	CH 241	1 <u>60</u> ,	and that in (n	ny) (🖛 ортп	ion deoth o	ccurred on the d	ate ond hour o	and from the
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	Lou	REMOVAL (Specify)	-25-68			ah Cem			klyn. N.Y	(/)	\- /
		FUNERAL DIRECTOR		ADDRESS			25a REC D BY	REGISTRAR	2Sb - REGISTRAR	ANGHALIABETO	6
	G	oldberg Funera	l Home 4	217 9th S	t. N	.W.	MAK Z	6 1968	1	0 0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Rages should be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

TO MORPITAL OF ATTENDING PHYTICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	3/5	male	White		S	DATE OF BIRTH	08	6 AGE (In year lost birthdoy)			HOURS M N
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely fulled in by the fundicator, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, arremoval, and in any event, within 72 hours after VR A15 [4] 30M REV 1/68

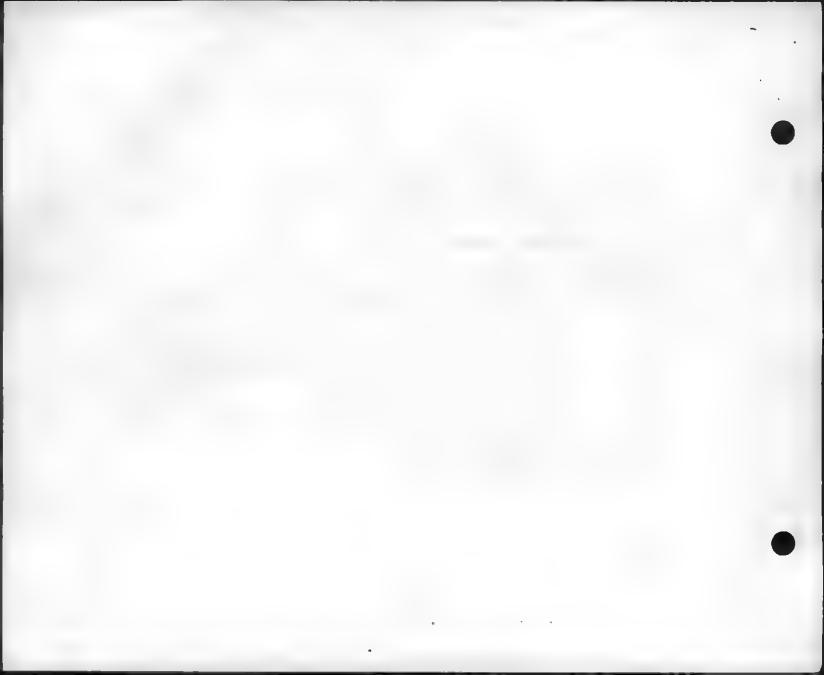
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after

Page 4 may be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME M ddla 2o. DATE OF DEATH 2b. HOUR First and (Type ar print) Month fugero 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 3 SEX 6. AGE (in years the last birthdoy) HOURS MONTHS 9. COUNTY OF DEATH To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 ha papers. hin 72 h physician and completely filled in DIVORCED [WIDOWED X within / TO CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120-USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ig most of working life even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY CHMITS? 13e STREET AND NUMBER remove ond in any 14 FATHER'S NAME Middle MOTHER'S MAIDEN NAME First please 16b SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ex-unitariosymb / (If yes give wer or dates of service) or removal. en 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY. permit. IMMEDIATE CAUSE (o) Conditions, if any, which gove) buriol-transit ase to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed burrol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been the the 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YESUT/ NO [for use Health USe 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. detoched (AT HOME FARM STREET, FACTORY, | 21f LOCATION Street or R.F.D No. 21d. NJURY OCCURRED 21e PLACE OF INJURY State City or Town County OFFICE BUILDING, ETC. While Nat while at work at work 44, 1968, to 22o. I certify that TENDIN .19 (A), and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive an be retained director, page 3 should should be filed with the causes stated obave, (1) (we) (did) (did not) view the body ofter deoth. 22b 22c DATE SIGNED TTENDING PHYS DIRECTOR 22e. ADDRESS MONTGOMER 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE (County) (State) St. Joesph Cemetery 3-29-68 Newton. New Jersey Pumphrespores 557 Wisc REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURA VR A15 (4) 30M REV 1/68



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY MARYLAND . IS RESIDENCE ON A FARM YES NO Day Middle (Type or print) AGE (In yours I IF UNDER I TEAR 5. SEX IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months 10a, USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, eyen if ratired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 1 17. INFORMANT unkown) | (If yes piva wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b,, end (c).] ONSET AND DEATH DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Jerm, 201, (City or town) (County) (Steta) Month, Dey, Yeer lactory, streat, office bldg., etc.) Hour n.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from...... 19.0.6., and that death occurred by M, from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE 22b. DATE DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S ADDRESS 23c, NAME OF CEMETERY OR CREMATORY 23a, SURIAL CREMATION, 23d. LOCATION (City, town or county) REMOVAL (Specify) Louisville Kentucky Cave Cemetery ⊥March 13,68 Burila

VR A15 (4) 1SM 7-62

24 FUNERAL DIRECTOR'S SIGNATURE

-Pumphrey 7557 Wisconsin Ave Bethesda. Md

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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VR A15ME (5) \$



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within_24 haurs after death. Page 4 may be retained by the haspital ar attending physician. by the funered haurs aft TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and campletely when director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages, shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remayal, and in any event, within 12

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

.14381

	ECEASED NAME	Først		Middle		Lost		20. DATE OF D				2b. HOUR
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	BIRTHPLACE (Stote	e or foreign	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIED 🗙	NEVER MARRI	ED 9.	COUNTY OF	PEATH			
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10. (Bethe		11 NA give s	ME OF HOSPITAL OR INS Veet address) 400 East	TITUTION (If not		120 USUAL C during most	OCCUPAT ON (of working li	fe, even if re	etired)	126 KIND OF INDUSTRY	BUSINESS OR
130.	USUAL RESIDENC	E (Where deceos					B INSIDE CITY LIMITS		ET AND NUM			_
odm	ission) STATE	Marylar	1 d 13b. COUNTY N	on Residence before Montgomes	Beth	esda	TES NO	4400			t Hgw	/y
.14.	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAID	DEN NAME First		M	iiddle		Lost
L		Hymar		Cohe			Je	nnie				
	. WAS DECEASED (es, no, or unknow		MED FORCES? var or dates of service)	16b SOCIAL SECURITY N		.Jack	D So	gal p	606 M	Höney	well	Lane,
	nise to immedistating the unlost.											
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS P			CH OPERATION WAS PEI	ERFORMED 20a. AUTOPSY? YES NO			206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			ERTIFYING	
MEDICAL CER	OR CONTR BUTEN	WAS UNDERLYING CAUSE OF DEAT	HOUR A.M. ner) P.M.	Month Doy Year			RRED (Enter no	oture of injury	in Port 1 or	Port 2, Item	n 18.)	
W	21d. (NJURY OF While Not of the	work		AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.				,	or Town		County	Stote
	220. I certify that (1) (this hospital) attended the deceosed from 1957, ta 3/19, 1958, that (1) (we) last saw the deceased alive an 1958, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated above, (1) (we) (did) (old nat) view the bady after death.											
	22b. SIGNATURE	5	Zeel f.	Lynl	DEGREE		DIRE	CTOR 🗆	STAFF C	22c DAY	E SIGNED	,8
	22d. PHYSICIAN NAME (Typ		Ack P.	Ses	١_	22e. ADDRI	323		л И .	Ave	, M	al de
230	, BURIAL, CREMA' REMOVAL (Speci Built	fy) 3/2	DATE 20/68	23c NAME OF King I	David	Mem.G	arden	23d LOCATION Fall	s Chi	urch.	(County)	(Stote)
24 B 6	FUNERAL DIRECT	or Danzar	sky e s	3500	14th	St NW	Bo. REC'D BY F	REGISTRAR	2Sb. REG	SISTRAR'S SIG	NATURE CA	colgina .

VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH	5							
1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH	2b HOUR_							
(Type or print) - prest E Lindthees, Marth	Year C-45 M							
	UNDER I YEAR IF UNDER 24 HRS							
	INTHS DAYS HOURS M.N							
male white 10/16/99 (ast DITHOUY) YRS. MC								
70. BIRTHPLACE STORE OF FOREIGN 76 CHTZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH								
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION/If not in hospital 120 USUAL OCCUPATION And of work some	Md.							
muse treat address).	12b KIND OF BUSINESS OR INDUSTRY							
Bethes da Suburbin Hospital working mes o working mes of working m								
13a LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER								
Johnston State 13h COUNTY Samery Sluck Spring YES NO 2920 Woods +	ock AL							
14. FATHERS NAME First Middle Lost Is MOTHER MAIDEN NAME First Middle	Loct							
	Paral							
Spen Giter divideherg Thilida	(T-Crosson							
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY D. 17. INFORMANT Address								
Yes, no, or Jinknown) (11 yes are wor or dates of server) Oct - 10-8933 Mrs. Elna Kindeling (Dame of	2 /32.							
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL							
PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH							
, IMMEDIATE CAUSE (o)	1 course							
DUE TO, OR AS A CONSEQUENCE_OF	_ /							
(anditions, if any, which gove) (b) Anitalistotic Craise Carengama	Jhrelika							
rise to immediate couse (o), (stating the underlying couse () DUE TO, OR AS A CONSEQUENCE OF	/							
lost. (1) Pet Chief servery covering	Ci ter							
PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
PART 2 OTHER 3 GIVEN CAN TO CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERRITINAL DISEASE ON CONDITION STYLE IN PART 1(0)								
8 / / /								
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING							
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSTITUTION OF DEATH? 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSTITUTION OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED (Enter nature of injury in Port) or Port 2. Item								
210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	n 18.)							
S □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR AM Month Day Yeor								
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor [If either, notify medical examiner] P.M. 19 2 21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f, LOCATION Street or R.F.D. No. City of Town	County State							
	County State							
While Not while at work of work								
22a. I certify that (I) (this haspital) attended the deceased from 6 - 196-, ta 3 - 196-	that (I) (we) last							
saw the deceased alive an 3-2-19 68, and that in (my) (our) apinian death accurred an the date	and havr and fram the							
causes stated abave, (I) (we) (did) (did nat) view the bady after death.								
ATTENDING - MPD - STAFE	TE SIGNED							
Much Chatter Moente PHYS. DIRECTOR PHYS 3.	3-68							
22d. PHYSICIABLES 22e. ADDRESS	, ~							
NAME PROPER SUPPLIED DEN MINOROL CONNESIEU/ AUF K	[1.5/N9/01							
230 BURIAL CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town)	(County) (State)							
Butter March 6.1968 Parklawn Cimiting Rockvelle.	mil Ma,							
24 FUNERAL DIRECTOR ADDRESS 254 REC'D BY REGISTRAR 256. REGISTRAR'S SIG	CNATURE							
Sturking Natture Tukema Funnal Home ask Carrall DATEMAR 5 1968 yours	An Market							
20014	0							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 5y the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. ID HOLFITHE OR KITERDING PHYSICIAN III law requires that the death certificate by executed within 24 hours after death. Plige 4 may be retained by the hospital ar attenuling phyllician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4380 34383 CERTIFICATE OF DEATH DECEASED NAME Middle 20 DATE OF DEATH 2b. HOUR 24 hours ofter deoth. (Type or print) Month 6. AGE (In years HE HINDER 1 YEAR last birthday) MONTHS DAYS ted in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED popers. hin 72 ho WIDOWED [DIVORCED 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR MOUSTRY PHOTOGRAPHER during most of working life, even if retired.) carbon law requires that the death certificate be executed wit physician and completely event, 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY JM TS? 13e STREET AND NUMBER YES 🔀 please remove ond in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle last 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na. ar.unknown) (If yes give war or dates at service) DE GRAFFEURIED LIST- WIFE-SAMEAS#13 18. AUSE OF DEATH (Enter only one suse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 3 MONTHS IMMEDIATE CAUSE (o) Squamous call enreinons, upper lobe, left lung cremation, DUE TO, OR AS A CONSEQUENCE OF with liver metastases. Conditions, if any, which gave) buriol-transit rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the atteniling O FUNERAL DIRECTOR: After this certificate hos been Hypostatic bronchopmounomia. Beniga prostatic hypertrophy 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS BRONCHIAL CARCINOMA YES 🖅 for use Health 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY by the hospital OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) detoched 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while at work 22a. I certify that (I) (the hospital) attended the deceased from 1968, 103-70, 1966, that (I) (as) last sow the deceased alive on 3-70, 1968, and that in (my) (as) opinion death occurred on the date and hour and from the ATTENDIN be retained (did) (did not) view the body ofter death causes states above. H 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS DIRECTOR director, page should be filed TO HOSPITAL (Page 4 may b 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 8512 GEURGETOW pluods NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION

GAWLERS SONS, S130 WIS. AVE, NW, WASH.

VR A15 4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2o. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME M ddle Lost death. (Type or print) IF LINCER 24 HRS. 4. RACE 6. AGE (In years IF LINGER 1 YEAR 3. SEX DATE OF BIRTH last birthday) MONTHS DAYS HOURS YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. B RTHPLACE (State or foreign 8. MARRIED 💢 NEVER MARRIED 🦳 country) 4.5. A WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH T26 KIND OF BUSINESS OR dupped most of working life, even if retired) give street address physician and camplenely Grifferds in Crement please remove carbor 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IRSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed and in any 14. FATHER'S NAME WFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Yes, no or unknown) ar removal, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (o) permit. crematian, Conditions, if any, which gove) signed by the burial-transit p burial, crematic r se to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [7] NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) by the haspital TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natrfy medical examiner) 21d INJURY OCCURRED 2]e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at work , 1964, to 6 KN/1166, 1945, that (1) (we) last be retained causes stated abave, (1) (we) (dia) (did not) view the bady after death 22c DATE, SIGNED 226. S GNATUR PHYS DIRECTOR director, page shauld be filed 22d. PHYSYCIAN S 22e. ADDRESS NAME (Type) 23d MATION (Etty or frown) (County) (Stote) BUR AL TREMATION VR A15 (4) 30M REV 1/68



CEDTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Poge 4 may be retained by the hospital or attending physician.

O IUNIERAL EINECTUR: After this certificate los been signed by the attending plysicion and completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban sabetiled with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 2

30M REV. 1138

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luz.	Ü	J	,	

			CER	HILLA	IE OF DEATH				
	CEASED-NAME Firs	it	Middle	/	Lost	2a. DATE OF			2b. HOUR
Τ)	ype or print)	1051 K	, /	1-1	1211	7112	Month Doy	10 Year	230
3. SE	Conf		,	le.	DATE OF DIDTH	11/181	all ollo	F UNDER 1 YEAR	IF UNDER 24 HRS.
3. SE	λ /	4 RACE	0/	2.	DATE OF BIRTH		6. AGE (In years lost birthody)	MONTHS BAYS	HOURS MIN
12	nto Le	Ul lec	1º		11-22-9	2	76 YRS	Indiana San San San San San San San San San	- India
70 E	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	DUNTRY? 2 8 MA	PRIED (C)	NEVER MARRIED	9. COUNTY OF	DEATH		
CQUT	itry]	1/ -	~ // "	OWED	DIVORCED	~~	L-2 W	2	
<u> </u>	1 annseflu	artill 'w		المسا	1	11/17/	196710	4-7	Md
10 0	TITY OR TOWN OF DEATH	give street	F HOSPITAL OR INSTITUTE	ON (If not in	hospitol 120 USU/	AL OCCUPATION	(K.en of work done	126 KIND OF	BUSINESS OR
17.	30111 -1	give street	oudrass)	יים קיקה ? יים קיקה ?	Jayring m	E WOLKING	we aven it retired)	MINISTRI	
130.	USUAL RESIDENCE (Where degée		esidence hetere 13r	CITY OR TO	WIN 13d. INSIDE CITY U		REET AND NUMBER	/ /	No.
	issian) STATE - 77/	13b COUNTY		2	A		3/6	' /	7/ 0
<u> </u>	1//0:	7/1.2	711	1º 16 is	COC. 1. 43	70	760- Le.	rellen	Junes,
14. 1	FATHER'S NAME FIRST	M.ddle /	/ Last	15. M	OTHER'S MA DEN NAME F	irst	Middle		Lost
	71/4	2 2 - de de	med yet		77/200	11	1700 11	_	
160	WAS DECEASED EVER IN U.S. AR	MED EUDICESS 114P	SOCIAL SECURITY NO	17. INFO	PMANT	11 -	Address		
	es, na, or unknawn) (# yes give	war or dates of service)	777 - //	- 17. 11110	- / //	//	Audiess	and a	
_	711.5 1.0	11000	11-0112-5	25	ulleyn	LINTE	7-11/15	abou	0.1
	18. CAUSE OF DEATH (Enter of	anly one couse per the for	(o), (b), and (c),)				//	APPROX.	MATE INTERVAL INSET AND GEATH
	DARK & BELTH MILE CAME	TR 6H 2/				/			onths
	1 CO per 1 1MMED	DIATE CAUSE (o) Ade	euocanc ruo:	11 e 15.	roscaje			0	0114112
	1745 人	DUE TO, OR AS A C	ONSEQUENCE OF						
	Conditions, if any, which gove								
	rise to immediate cause (a),	0115 50 00 15 1 0	ONSEQUENCE OF						
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF								
ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO TH	ie terminal disease org	ONDITION GIVE	N IN PART I(o)		
2	Bronchopn	eumonia							
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? 206 IF YES, WERE FINDINGS CONS								ERTIFYING
2					YES 🔀 NO	CALICES	OF DEATH?		
E	A1 ACCIDENT LINE LINES	and I -							
	210 ACCIDENT WAS UNDERLY			21c. HOW	INJURY OCCURRED (Ente	r noture at injui	y in Port 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DE (If either, natify medical exam		inth Day Year 19						
MEE		B. PLACE OF INJURY (AT HO		21E LOCAT	ION Street or R.F.D. No.	City	ar Tawn	County	Stote
	THE THE PERSON NAMED IN	OFFICE	E BUILDING, ETC.	zii couri	1014 311601 VI KAID. 140	Ç., j	0. 101111	200111	2.7.0
	at work at work				- 1				
	22a. 1 certify that (I) (t saw the deceased	his haspital) attende	d the deceased fro		CCT , 19 (• 7 , ta	MA18: 74 26, 19	68, that	(I) (we) fast
	saw the deceased	alive an MAKE	H 7-6 1962	\mathbb{Z} , and th	rat in (my) (aur) api	ini6n death c	ccurred an the do	ite and haur	and fram the
	causes stated abay	ve, (I) (we) (did) (did	nat) view the body	atter dea	th.				
	22b SIGNATURE		/ -/-	-4 D	ATTENDING ATTENDING	ACD.		DATE SIGNED	
	De	0 m.	· sles	DEGREE	PHYS D	MED DIRECTOR	STAFF PHYS.	3-26	-67
	22d. PHYSICIAN'S		201		22e, ADDRESS				
1	NAME (Type) Leo M	Curtis	M.D.			cin Arra	. Bethesd	o Mower	المسما
230.		, DATE	23c NAME OF CEMET	ERY OR CRE	MATORY	23d LOCATIO	N (City or Town)	(County)	(Stote)
	REMOVAB (Specifyal 3	3/28/68	Fort Linc	oln C	rematory	Blade	ensburg, P	.G. Co.	Md.
24	FILMERAL DIRECTOR	, ,	ADDRESS 1/2	ch D	C 2Sq REC'D E		2Sb. REGISTRAR'S		
T.	oseph Gawler's	Sone The -	a zo in	SH + D	. V. Lov. Nec D		de la constantina della consta	Man Care	lar
1 0	odebu damiel 9	POHO THO +2	130 Wisc.	Av. N	. W. DATEA DID	1 . 19	68 ficus	LAS YELL	0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04393 CERTIFICATE OF DEATH and 2 deoth. 1. DECEASED-NAME First Middle last 2a. DATE OF DEATH 2b. HOUR (Type or print) lie Marc papers. Pages I hin 72 hours after a 3. SEX 4 RACE S DATE OF BIRTH IF UNCER 1 YEAR 6. AGE (In years IF JNDER 24 HRS last birthaey) MONTHS remale Mours 70 BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED F DIVORCED [law requires that the death certificate be executed within 24 physician and completely filled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dope 126, KIND OF BUSINESS OR during most of work ng life, even if retired.) give street oddress) please remove carbon House wife event. 13a USUAL RESIDENCE (Where deceased lived, if institution. Regidence before: 13c CITY OR TOWN 3d INSIDE CITY LIM TS? 13e STREET AND NUMBER 136 COUNTY Trame ond in ony 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Lost Mattie Whilhelm asca)rance 160 WAS DECEASED EVER IN U.S. ARMED FORCES? V6b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) Chart or removal, APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per line for_(a) (b) and (c). BETWEEN OUSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burnal-transit g Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION CAUSES OF DEATH? YES IZ NO T Page 4 moy be retained by the hospitol or O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. Stote City or Town County OFFICE BUILDING ETC While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 2293 1964, to Just 9, 1968, that (1) (we) lost saw the deceased olive on Munch 9 1968, and that in (my) (our) opinion death occurred an the date and haur and from the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE director, poge Should be filed PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 8237 GEORDIA AVE 23b DATE 23c. NAM OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL (Specify) 24 FUNERAL DIRECTOR 30M REV J



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04386 CERTIFICATE OF DEATH Middle 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME First Last Month (Type or print) 3. SEX S. DATE OF BIRTH IE LINOSER I VEAR HE LIMITER THE HIRS 6. AGE (In years last birthday) MONTHS MOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign B MARRIED M NEVER MARRIED W-DOWED -DIVORCED [ID. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR o ve street address? during most of warking life, even if retired INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission 13b. COUNT 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Last (Unknown) 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Canditians, if any, which gave: rise ta immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D. SEASE DRICONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this mospital) ottended, the deceased from _ 19 2, and that in (my) (con) opinion dooth occurred on the date and hour and from the sow the deceosed alive on_ couses stated above, (1) (wa) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR 22d PHYSIC AN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a BUR AL, CREMATION, (State) Baltimore, Maryland Bal timore Natl Cem. 3-22-68 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE

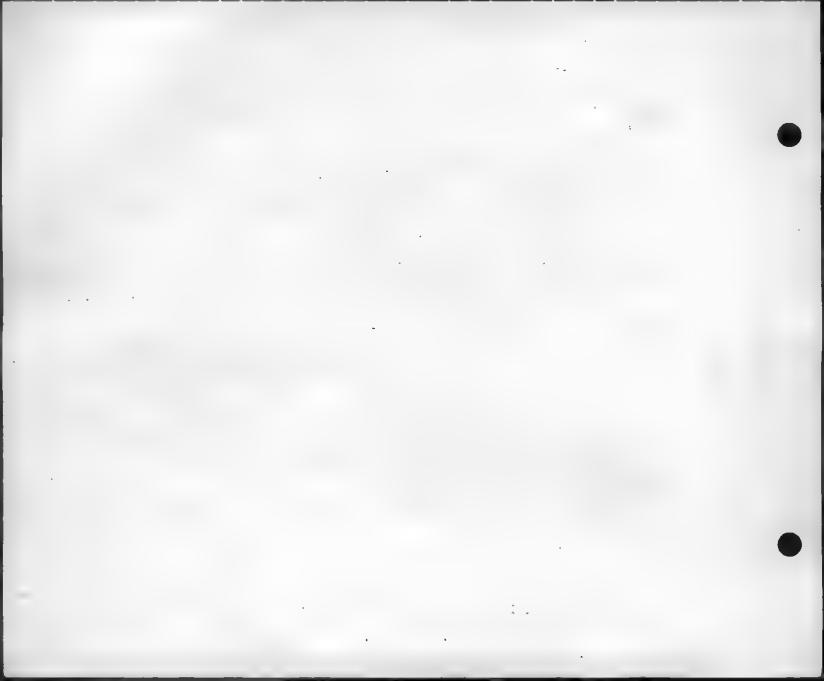
PUMPHREY, Bethesda, Maryland

remave carban physician and campletely requires that the death certificate be exacuted ar removal, and crematian, burial-transit as the this certificate has been far O FUNERAL DIRECTOR: After directar, shauld

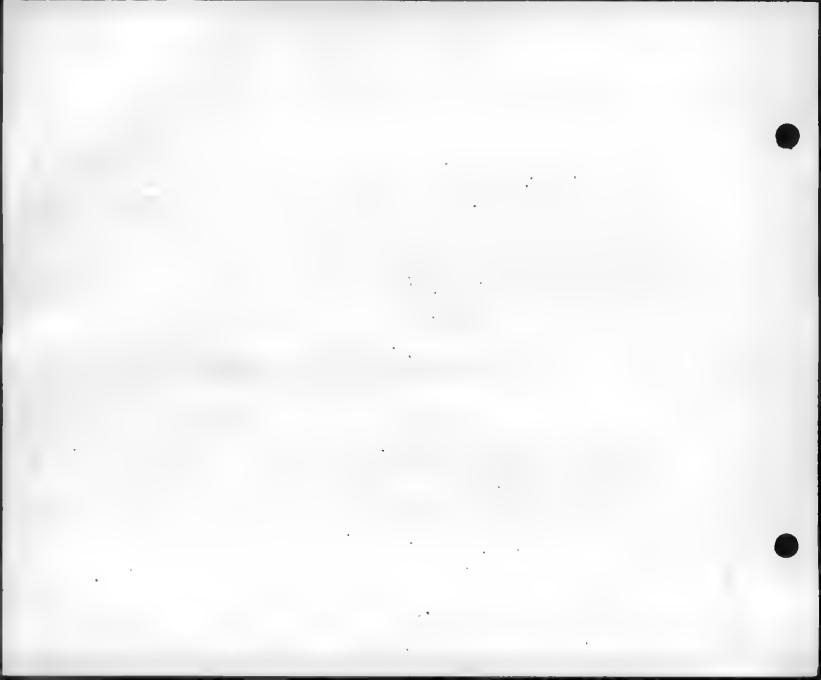
VR A15 (4) 54

30M REV 1 68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I DECEASED NAME First Middle Last 2a DATE KNOWN Month Year (Type or Print) ηı. MANYETTE AGNES delay is and 3 to DEATH MATED 3 SEX Femal IF UNDER 24 HRS 6 AGE (In years +F JHDER 1 YEAR 2c DATE PRONOUNCED DEAD S DATE OF BIRTH pup fost birthday) 7/14/99 To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) D.C. USA DIVORCED. Montgomery WIDOWED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR during most of work no life even if retired) give street oddress) Silver Spring Cross Give I3e, STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c City OR TOWN 13b COUNTY Mont odmission) STATE 1.16 August YES 😾 NO 🗀 land 2 after in Item IS MOTHER'S MAIDEN NAME 14 FATHER S. NAME M ddle First pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL ADDRESS in pencil Record (Yes, no, by boknown) (If yes give war or dates of service) APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per interior (a), (b) within BETWEEN ONSET AND OFATH 4 should be farwarded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a). This certificate should writing the ward DUE TO, OR AS-A CONSEQUENCE stating the underlying cause .= PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O nseq 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? 190 DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year PRIMARY DE OR CONTRIBUTING F CAUSE OF DEATH 21d IN.LRY OCCURRED 21e PLACE OF INJURY (At hame form, street, factory, of ice building, etc. may be retained for your FUNERAL DIRECTOR: Page AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspect an the funeral director death resulted from Natural causes Accident X Suicide Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT Health NAME (Type 50 23a BURIAL CREMATION 23b 23d LOCATION (City or Town) 23c Cedar 25a REC D BY REGISTRAR 25b REG STRAR S SIGNATURE VR A15ME (5) 10M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7		*** ないの		CERTIFICATE OF	DEATH			111					
1		CEASED-NAME First ype or print)	Middle	Last	2a. DATE C	DF DEATH Month / / Day	Yeor/ce	25. HOUR					
Я	/ \!\	KA.	YRACHAEL	MARGO	Lis 3	moilin / bdy	68	11:00					
	3. SE	X	4 RACE	S. DATE OF BI	IRTH	or stor (iii loots		F UNDER 24 HRS HOURS MEN					
	-	7emale	Hebren	11-	29-82	POST DIFTINGOY) YRS.	HONTES DAYS	NUUKS MON					
		SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RRIED 9. COUNTY O	OF DEATH							
	coun	(IV) Curane	american		RCED MO	nTalME	RY	Mo					
	10 C	ITY OR TOWN OF DEATH		INSTITUTION (If not in haspital	12a USUAL OCCUPATIO		12b KIND OF BU	JSINESS OR					
	7	TAKOMA PARK Give street oddress) SAN X HOSA- during most of working life even if ret red INDUSTRY											
			d lived, if institution: Residence before	re 13c CITY OR TOWN //	T3d. INSIDE CITY LIM TS? 13e	STREET AND NUMBER							
	adm	ssion) STATE MD	136 COUNTY ON TACKE	RUTAKOMA PASK	YES X NO 1 /	1 Hudson	AVE						
1	14 E	ATHER'S NAME First	Middle / Last		AIDEN NAME First	Middle		Last					
1		MARCI	15 Sch	lam	LEL	A-UNKA	JOWN						
			ED FORCES? 16b SOCIAL SECURIT	TY NO 17. INFORMANT		MARGAGGESIS		5413					
	1	es, no, or unknown) (If yes give wa	NONE	CHA	RT	00210							
			y one couse per line far (a), (b), and ((c).)	, ,		APPROXIMA BETWEEN ONS						
		PART I. DEATH WAS CAUSED	BY. CEFEBE	ourscular A	coident wi	th rt. hemic	18918 2	day					
		4120	DUE TO, OR AS A CONSEQUENCE O		eneralized		1						
		Canditians, if any, which gave	San .										
		rise to immediate cause (a),(stating the underlying couse(DUE TO, OR AS A CONSEQUENCE C	OF	~								
		last + +	(1) CARDIO -	-Vascular	KENAL D	iscase							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
	폿	2) Cerebral Insufficiency a), Cardiomegaly											
,	S. I	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INHERY 1216. HOW INHERY OCCURRED. (Enter nature of injury to Part 1 or Part 2, them 18.)											
	RTIFI			YES 🗌	NO 🔲 Our	ES OF PEAINE							
		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			CURRED (Enter nature of in	jury in Part 1 or Port 2, Its	em 18.)						
	DICAL	(If either, notify medical examina	er) P.M.	19									
	IIIE	21a INJURY OCCURRED 21a, I	PLACE OF INJURY (AT HOME FARM, STREET, DEFICE BUILDING, ETC.	FACTORY,) 21f. LOCATION Street	et or R.F.D. No. Cit	ty or Tawn	County	State					
		While Not while at wark					7.:						
		22a. I certify that (I) (this	s hospital) ottended the decedive an 3	osed from 455	2 , 19 , to, to	3-//-, 193	hat (I) (we) las					
		couses stoted obove,	, (I) (we) (did) (did not) view th	ne body ofter death.	ly) (Ger) opinion deom	occurred an me dan	e ana noor ar	iu iruns gir					
		22h_SIGNATURE	00//0//	,	NO MED	22x D	ATE SIGNED	100					
		Dame	EA- Killin	MU DEGREE PHYS	NG DIRECTOR	STAFF D	-//-	68					
1		22d PHYS CIANS SAME NAME (Type)	UEL A. HILLM	AN 22e ADD			クロビ						
i		(IAME (Type)				PING. MI	> 209	0/					
	230	BURIAL, (REMATION, 23b. D		OF CEMETERY OR CREMATORY		TION (City or Town)	(County)	(State)					
	B		MAR 1968 LEE			ES-BARRE	TENN	A					
	24.	FUNERAL DIRECTOR	ADDRE ADDRE	IA DUS	2So. REPD BY REGISTRAR								
	W	W.CHAMBERS	O TIVERDALE	MD. OHA-	DATEMAR 1 3 1	196B fillow	A TOWN	*5					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papeks, should be filed with the State Dept, af Health priar to burial, cremation, ar remaval, and in any event, within 72 h VR A15 (4) 30M REV, 1/68

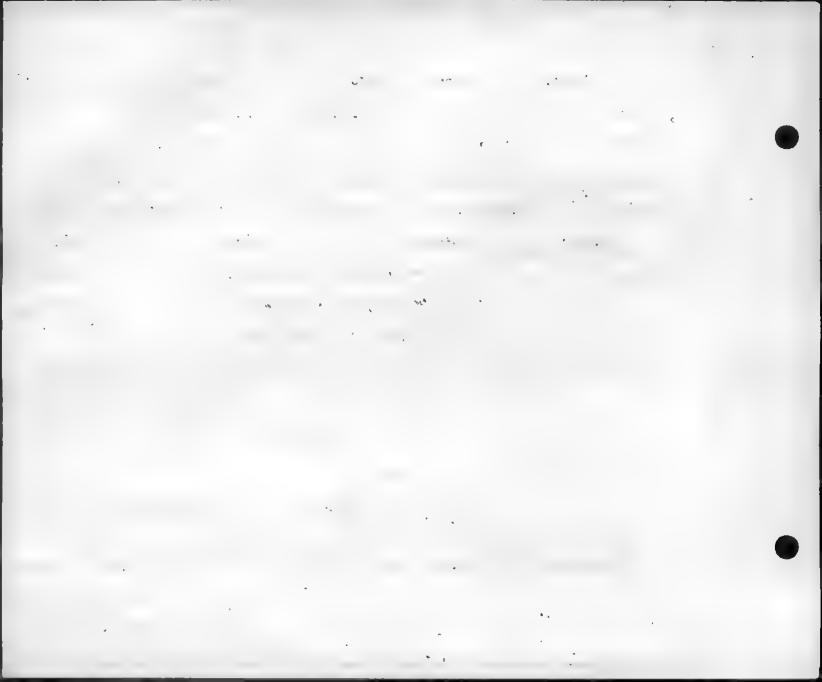
by the uneral Pages 1 and 2 house ofter death;

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physicion.



ĝν MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Year Frank Margh Ernest March 3. SEX 4 RACE S. DATE OF BIRTH IF LINDER LYSAR 6. AGE (In years law requires that the death certificate be executed within 24 hauss after lost birthdoy) a MONTHS DAYS 1961 haurs Male White 66 <u>Sentember</u> To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED TO NEVER MARRIED country) physician and campletely filled in papers. England WIDOWED [DIVORCED [event, within 72 America Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) during most of work no life, even if retired.) INDUSTRY please remave carban Washington Sanitarium Takoma Park Engraver-retired 130 USUA. RES DENCE Where decased wed, if institution, Res dence before 13c CITY OR TOWN admission). STATE 13th COUNTY 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Montgomery and in any 14 FATHER S NAME tast IS MOTHER'S MAIDEN NAME First Lost Edward Marsh 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (1 yes give war or dates of service) Yes, no. or unknown). remayal, 214-36-3073 APPROXIMATE INTERVA the attending passit nermit, The 18 CAUSE OF DEATH (Enter only one cause per me_for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY . IMMEDIATE CAUSE (a) Corona ъ burial, crematian, Conditions, if any, which gave) burial-transit rise to immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause signed l PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s as the priar tat 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES [far use Health the haspital or this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year ŧ (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f, LOCATION Street or R.F.D. No. County State City or Town While Nat while at wark O FUNERAL DIRECTOR: After 22a. 1 certify that (I) (this hospital) attended the deceased from Manch 16, 1966, to Manch 15, 1967, that (I) (we) last saw the deceased alive an manch 15, 1966, and that in (my) (ow) apinian death accurred on the date and haur and from the þe Page 4 may be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING DEGREE DIRECTOR director, page shauld be filed PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 230, RURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATOR (Stote) 24 FUNERAL DIRECTOR 2So. RECD BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4), 30M REV 1/6



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	. S. 35.4	309		•	CEKIIII	CAIL OF DEAL								
	ECEASED NAME	First		Middle		Last	2a	DATE OF D					2b. H0)UR
{1	Type or print)	DALLA	S	PURDUM		McATEE	3 ^{Manth}			27 Pay	6	Year OO	6.0	P
3. SE			4 RACE			S. DATE OF BIRTH		(. AGE (In	21007	IF UNDER) YEAR	IF UNDER 24	HRS.
	MALE		WH.	rre		6-15-79			last birtho	YRS.	MONTHS	12	HOURS	man
7o	BIRTHPLACE (Stote or	foreign	76. CHIZEN OF W		8. MARRIE	NEVER MARRIED X	9. CO U	JINTY OF D	EATH					
Cubi	Maryla Maryla	na	United	States	WIDOWE	DIVORCED _	ľ	lontg	omery	Com	nty			M
	CITY OR TOWN OF DE	ATH	11 N	AME OF HOSPITAL OR IN:	II) MOITUTITZ	nat in haspital 12a.	USUAL OCCI	UPATION (K	and of wo	rk done		KIND OF E JSTRY	BUSINESS O	R
	Olney	_	give	Mont	gomer	y General duin	etirec	d far	mer mer	tatitag)		arri	ing	
	USUAL RESIDENCE (Vission) STATE	Vhere deceose	I law county	tian: Residence before	13c, CITY (ET AND NU					
dom	ission) STATE Mar	yland	ISB. COUNTY	ontgomery	Gait	nersburg 18 🖫	NO L	211	Cedar	Ave	nue			
14. 1	FATHER'S NAME	First	Middle	Last		15. MOTHER'S MAIDEN NAI				Middle			Lost	
		illien		McAt		<u>.</u>	Virgi	inia				Pu	rdum	
16a.	. WAS DECEASED EVER	IN U.S. ARM	ED FORCES? or or dates of service)	16b. SOCIAL SECURITY		INFORMANT				ddress				
	(es. po, or unknown)			214-36-2	2024 A	lmission Rec	d., 1	lontg	• Gen	Hos	p.,C			
				ne for (a), (b), and (c))								VATE INTERVAL ISET AND DEA	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure													
	DUE TO, OR AS A CONSEQUENCE OF													
	Canditians, if any, which gave)													
	stating the underlying cause OF. DUE TO, OR AS A CONSEQUENCE OF													
	lost lost Description Heart Descrise.													
	PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
8	7 do													
CERTIFICATION	190 DATE OF OPERAT	TION 196.	ONDITION FOR WE	HICH OPERATION WAS PE	RFORMED	20a AUTOPSY?	CAUCTO OF DEATUS			FINDINGS CONSIDERED IN CERTIFYING				
RTIFI				YES NO EP										
	21o. ACCIDENT WAS			FINJURY Manth Day Year		HOW INJURY OCCURRED (Enter noture	e of injury	in Port 1 c	or Port 2, I	tem [8.)	}		
MEDICAL	(If either, natify me	edical examir	er) PM	1	9									
×	21d INJURY OCCUR While Mat while	RED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY,) 21f.	LOCATION Street or R.F.D.	, Na.	City o	r Town		Count	у	Sto	te
	at work of work													
	22a. I certify t	hat (I) (thi	s haspital) o <u>t</u> t	ended the deceas	ed from_	11-15.	19 <u>67</u> ,	ta>	-27	, 19_	68	, that	(I) (we)	los
	sow the d	sow the deceased alive on												
	22b. SIGNATURE	O A	, (i) (we) (uiu)	(did fior) view the	Dody une	geom.				220 1	DATE SIG	ENED		-
		7 (end	h _a .	DE	GREE PHYS.	MED. DIRECTO	R 🗆	STAFF C		,,,,,			
	22d. PHYSICIAN'S	1				22e. ADDRESS								
	NAME (Type)	2.	1. Le	a /		Gai	there	560	15	M	d.			
230.	BURIAL, CREMATION	, 23b. C	ATE	23C, NAME OF	CEMETERY C	R (REMATORY	23d	LOCATION	(City or To	wn)	(Cojun	ity)	(State)	~ -
	REVIOYAU(Specty)	3	30/68	Darne	stowi	1	I	Darne	stow	n, E	onte	g •	Lid,	
	FUNERAL DIRECTOR			ADDRESS	1 Roc	k. Md. 250. REG	CD BY REGI	STRAR	25h, RE	GISTRAR'S				
1	yson Whee	eler b	uneral	home .	1 72 73	hf v part	WLU (0 _ 6	968 "	Luci	and	Art Ye	HAPPER	

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The low require that the death certificate be executed within 24 Page 4 moy be retained by the hospital or attending physician.

Funeral Home

Rockville



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH First Middle 26 HOUR HE UNDER 1 YEAR HE LINDER 24 HRS 6. AGE (In years MONTHS HOURS lost birthdov) 4-6-0 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomer MIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 1) NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 2b. KIND OF BUSINESS OF give sweet oddress during most of working life, even if retired) Solver S Street NEWS 13e STREET AND NUMBER 13d INSIDE CITY JIM TS? 13b COUNTY YES 😿 NO [IS MOTHER'S MAIDEN NAME First Middle M ddle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (tiyes give wor or dates of service) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES Z NO [216. ACCIDENT WAS UNDERLYING 2Tc. HOW INJURY OCCURRED (Enter noture of injury in Port of Port 2, Item 18.) 27b TIME OF INJURY POR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) PM 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while ct work 22a. I certify that (!) (this hospital) attended the deceased from 19 on

ATTENDING

22e. ADDRESS

DIRECTOR

250. REC'D BY REGISTRAR

23d LOCATION (City or Town)

PHY5

M.DEGREE

NAME OF CEMETERY OR CREMATORY

22c DATE SIGNED

completely remove any physician and and in please signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, tar use as the t f Health priar tab has been O FUNERAL DIRECTOR: After this certificate by the hospital ar detached be retained director, page 3 should should be filed with the

uneral 1 and 2 ir death

within 24 hours after death

remuirem that the death certificate be executed

DECEASED NAME

(Type or print)

3. SEX

(country)

odmission) STATE

14 FATHER'S NAME

22b SIGNATURE

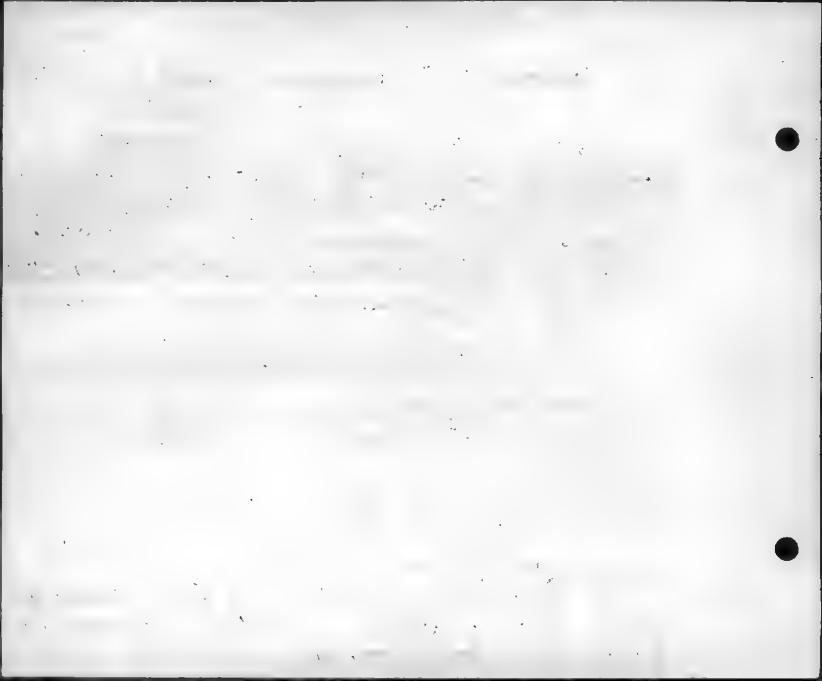
22d. PHYSICIAN& NAME (Tybe)

230. BURIAL CREMATION.

REMOVAL (Specify) 24 FUNERAL DIRECTOR

Page /

VR A15 [4] 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

	044	07	D11101011 01	(CERTIF	CATE OF	DEATH	, , , , , ,			*	. 3 4	
	CEASED-NAME	First		Middle		Lost		20. DATE		Day 4	~	2b HOU	R
- {1	ype or print)	Mari	/	Derese		Mead		Mis	Month 2	Doy 6	S teor	94	M
3. SE	Х		4 RACE			S. DATE OF	3IRTH		6. AGE (In year		JINDER 1 YEAR	IF UNDER 24 H	RS Hill
	Gemale		Canco	sion		Jeb.	22. 189	12	lost birthday)	YRS	NIHS DATS	HUUIG	MI
70 E	IRTHPLACE (State o	or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIE	D NEVER MA		9. COUNTY (DF DEATH				
cour	Vew Work		U.S.1.		WIDOWE		ORCED 🗍	Man	toonery				Md
	ITY OR TOWN OF D		11 NA	ME OF HOSPITAL OR INS	і) моітштіт	f not in hospital		L OCCUPATIO	N (Kind of work o		12b KIND OF	BUSINESS OR	
	Silver S	naina		reet oddress) 02 Randol	nh Re	ad		ost of working	ng life, even if retii	red)	Own.	home	
130	USBAL RESIDENCE		d lived, if institute	on- Residence before			13d INSIDE City Life	M TS? 13e	STREET AND NUMBE	R			
aami	sson) STATE		MONTAGE	me tu	Sile	LER SORA	YES NO	, 3	902 Rand	olph	Road		
14, 1	ATHER'S NAME	First	Middle	Lost		IS. MOTHER'S A	AAIDEN NAME FI	ırst	Midd	lle		Lost	
		Michael		Concre			Ar	111.			McGu	ikin	
	WAS DECEASED EVI	ER IN U.S. ARM		16b. SOCIAL SECURITY I	NO. 12	7. INFORMANT			Addr	955			
'	es, no, or unknown)	fit has dien se	il or doles of survice)	None		Mrs. De	hn McDe	mald	3902 Ran	dolpt		5.5.1	1
				e for (a), (b), and (c).)	. 0) 1					NATE INTERVAL NSET AND DEATH	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)											lead	
	153.	8		S A CONSEQUENCE OF	7	7	0 00	07			0		7
	Conditions, if ony		(b)		6						V		
	nise to immediate couse (o). Storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF												
	lost. (c)												
	PART 2. OTHER SIGNERICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASS OR CONDITION GIVEN IN PART 1(0)												
22	· Course de all allace Tours												
CERTIFICATION	190. DATE OF OPER	ATION 19b.	ONDIT ON FOR WHI	CH OPERATION WAS PE	RFORMED	20a AU1	OPSY?		IF YES, WERE FIND	NGS CONS	IDERED IN C	ERTIFYING	
E E						YES		LAU:	SES OF DEATH?				
	210 ACC DENT W					HOW INJURY O	CCURRED (Enter	noture of in	ijury in Port 1 or P	ort 2, Item	18.)		
DICAL	OR CONTRIBUTING	nedical examin	er) P.M.	Manth Day Year	9								
₩.	214 INII PV OCCI	IDDED 21a	PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f	LOCATION Str	eet or R F.D. No.	. (1	ity or Town	(ounty	Stote	
	White Not what work of wa			the contract of the		1)		10		
	22o. I certify	that (I) (thi	s haspital) atte	nded the deceas	ed from-	1/1/1	175, 196	26, 10_	Villey 1	-19_6	, that	(I) (we)	asi
	saw the	deceased al	ive on	did with View the	horiv att	and that in (uk) (ont) obj	nion deat	Loccurred on t	ne dote	ond haur	and from	ihe
	22b, SIGNATURE	anea anove	, (I) (we) (view the	Dody uni	or again.	un pr	07	-	22r DAT	E SIGNED /		_
	220. SIGNATURE	Pin	0.01	111111	ma	ATTEND PHYS.		MED LIRECTOR E	STAFF D	:3	12/	68	
	22d. PHYSICIAN S	LAA_	1-1-	NOVY	7 7 (3)	1 22e Al		INLUIUN C	- rnis. —	-/-/	-	V.O	
	NAME (Type)	John	1. Curry	MADO			Ol Geor	raia A	ve Silu	en S	nina_	Md	
23 o	BURIAL CREMATIO				CEMETERY	OR CREMATORY	L. C. L.	·	TION (City or Town		County)	(State)	-
200.	REMOVA. (Specify)	1	ch 5.196	8 St 0	ahu I	- CHEMOTORY			tatan		Penn	, ,	
24	FUNERAL DIRECTOR	John R	Thomas	ADDRE	111	mas	25o. REC'D B	Y REGISTRAR	25b. REGIS	TRAR'S SIG		al.	
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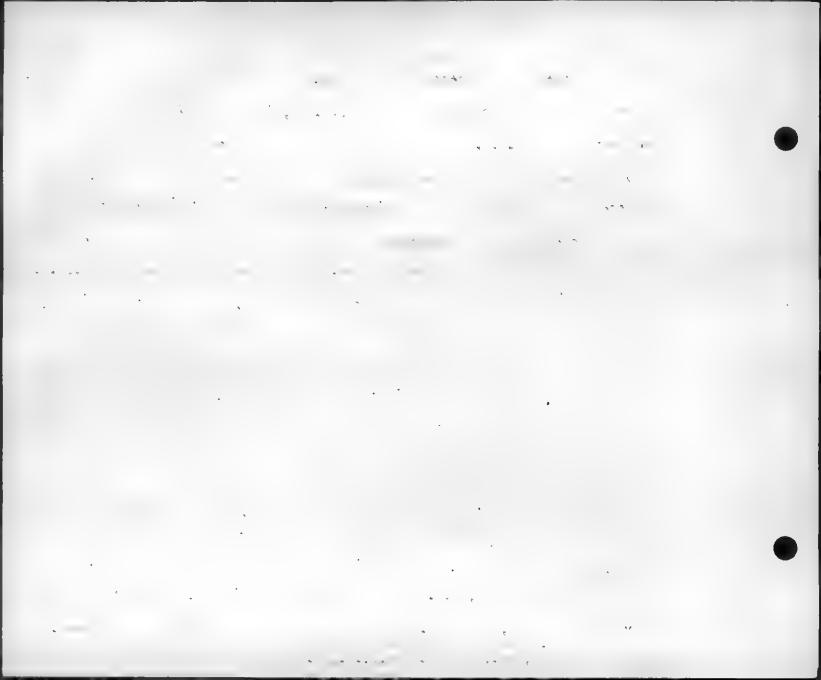
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complement filled in by the Tox director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon dapers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer. VR A15 (4) 30M REV, 1/68

Togeral 2

deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH VERNE SCHUSTERLast DECEASED-NAME Middle 2a DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death. the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and nation, ar remayal, and in any event, within 72 hours after deapth (Type or print) 4 RACE 6. AGE (in years IF HNOFR 1 YEAR F JNOER 24 HRS MONTHS last birthday) HOURS 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) morican WIDOWED 1 DIVORCED [90meri 11 NAME OF HOSPITAL OR INSTITUTION (If not in basoital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH . 126. KIND OF BUSINESS OR give street address) during mast of working life, even it retired) 2 13g. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER 13c CITY OR 3d INSIDE CITY LIMITS? 13b COUNTY Mari 14 FATHER'S NAME First M ddle Last IS MOTHER'S MAIDEN NAME First Middle Millie derson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INEORMANI Address Yes, na, ar unknown) (1 yes give wat or dates of service) 5-38-3516 APPROXIMAR INTERVA 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Mulltiple pulmonary emboli, acute 1-2 hours IMMEDIATE CAUSE (a) o min. crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Canditions, if any, which gave) Associated with arteriosclerotic Heart Dis. Years rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [Health 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year 90 P.M "if either, natify medical examiner) Dept 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this haspital) attended the deceosed from 19_68_, to 3/24 and that in (my) (our) apinion death occurred an the date and haur and from the saw the deceased alive anbe retained causes stated above, (1) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE MED. DIRECTOR ATTENDING STAFF , page 3 be filed v DEGREE PHYS PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAMF (Type) Abraham Danish, M.D.

director, shauld be 30M REV

FUNERAL DIRECTOR

23b DATE

23a BURIAL CREMATION.

REMOVAL (Specify)

LOCATION (City ar Town (State)

2Sb REGISTRAR S, SIGNATURE

2So REC'D BY REGISTRAR DOG





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED NAME Middle Lost 20. DATE OF DEATH 26 HOUR please remave carban papers. Pages 1 and 2 II, and in any event, within 72 hours after death (Type or print) Month physician and campletely filled in by the funera en please remave carban papers. Pages 1-and 1968 mobles 4 RACE 6. AGE fin years IF JINDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 hours after lost birthdovi Female. Colored 21911896 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Blair, S.C. USA DIVORCED T WIDOWED DO montgoneny 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Wheaten University Marsing Home Diet Cook 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d UNSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY 500/ 444 St. N. W. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Lost Lost an Bussen 166, SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) signed by the attending r IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s) PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove] nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cousei PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to b O FUNERAL DIRECTOR: After this certificate has been os the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🔲 210 ACC DENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ATTENDING PHYSICIAN: 216 TIME OF INJURY ē OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) be detached 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY,) 21f. LOCAT ON Street of R.F.D. No 21d INJURY OCCURRED City or Town County State While Not while of work 220 I certify that (I) (this hospital) attended the deceased from 3/22, 19 68, to 3/26, 1968, that (I) (we) lost sow the deceased alive on 3/24, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22c DAW SIGNED director, page 3 should be filed v DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY Lincoln 23d LOCATION (City or Town) Maryland 3/30/1968 (Stote) 230 BUR AL, CREMATION, REMPHAIN(61 carfil) Ethost Jarvis Co., Inc. ADBES32 You St., NA RECO BY REGISTRAR MAD Juneral home 1432 your Army DATE MAR 28 25b REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME 20 DATE KNOWN Month Yeor 2b HOUR (Type or Print) ESTI-DEATH MATED 1861 AMUE. IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 6 AGE (In years 2d HOUR 4 RACE 3 SEX S. DATE OF BIRTH MONTHS tast birthday) Fully 16, 1899-76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 B RTHPLACE (Stote or foreign MARRIED NEVER MARRIED gr.m maryland 215 A WIDOWED Pages the Stor IO. CITY OR JOWN OF DEATH 120 USUAL OCCUPATION Kind of work done 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working ife, even if retired) INDUSTRY Give USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e_STREET AND NUMBER Wil Clarksbur YES NO [l and 2 14. FATHER'S NAME Lost M:ddle Lost This certificate should be executed within 24 shauld be farwarded to the Chief Medical Examiner's hours pages ⊆ **ADDRESS** pencil (Yes, no, or unknown) (If yes give war or dates of service) Ele _ 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) BETWEEN ONSET AND DEATH permit. PART I DEATH WAS CAUSED BY 10.km pend,ng IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardio Vasculas Discase Conditions if any, which gave rise to immediate couse (a) writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 20 removal, used 20 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? NO IX 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. TIME OF N.URY Month, Day, Year 3 shauld HOUR A.M PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. County 21d INJURY OCCURRED City or Town Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page MOT WHILE I AT WORK AT WORK Inquiry X 220 I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, and in my opinion funeral directar. death resulted from: Natural couses K). Accident Suicide Homicide Undetermined monner prior to CHIEF MED CAL EXAMINER ACTUAL 226 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE March. 4, 1968 O DEPUTY DEPUTY MEDICAL EXAMINER 5 may b 10 FUNER Health EXAMINER'S ADDRESS(Street, city, town, or county) NAME (Type) the 23c NAME OF CEMETERY OR EREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION 23b DAT REMOVAL (Specify VR ATSME (5) DATE VINA 10M REV 1/68



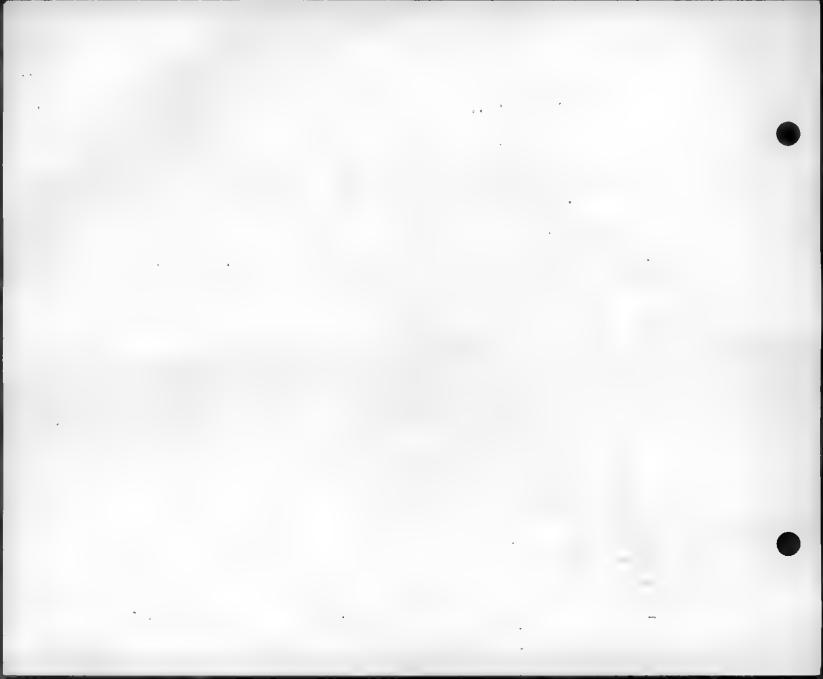
VR A15ME (5) 10M REV 1768 24 FUNERA, DIRECTORFALLS Church Funeral Hoores 1 1 1 250 REC D BY REGISTRAR 1102 West Broad St., Falls Church, Virginia 1968

25b REGISTRAR'S SIGNATURE Victoria

2b HOUR

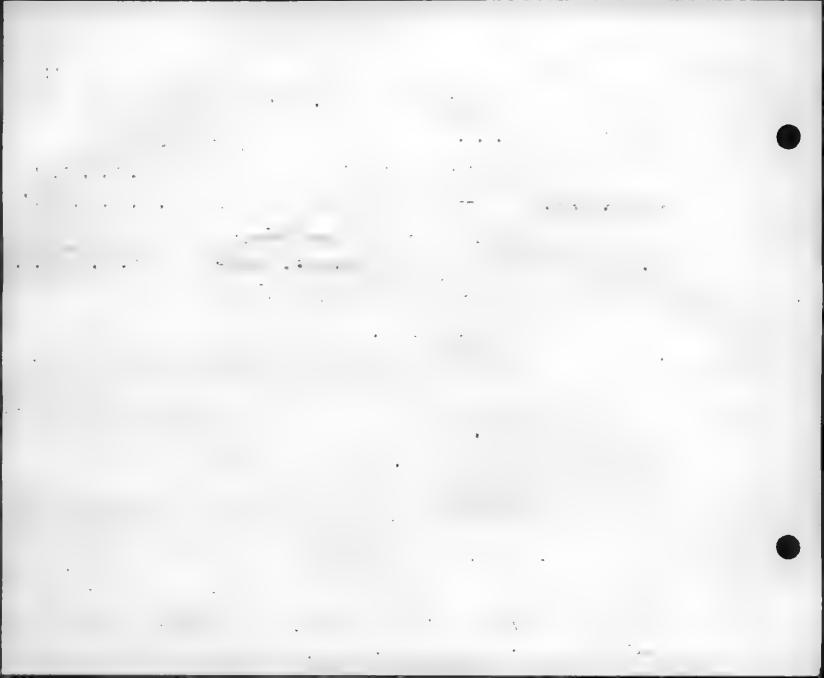
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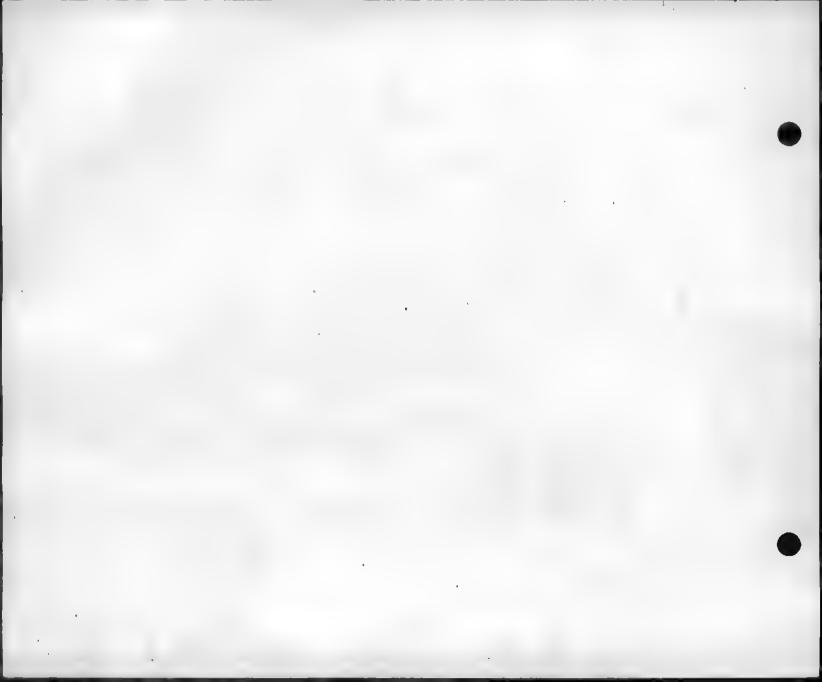


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 344433 M.ddle DECEASED-NAME First Lost 20 DATE OF DEATH (Type or print) MARY YOUNG MORRIS S DATE OF BIRTH 6 AGE (in years manifes that the death certificate be emecuted within 24 hams after 3. SEX 4 RACE IF WINDER I YEAR Jan.31,1885 o Bonthdoy) white HOURS female 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIE country) Virginia U.S.A. WIDOWED [DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 LISUA, OCCLPATION (Kind of work done 12b. KIND OF BUSINESS OR Nursing Home Bureau of Eng. Wheaton 13c. CITY OR TOWN DC 13d. INSIGE CITY LIMITS? 13e STREET AND NUMBER 13a USLAL RESIDENCE (Where deceased lived, if institution, Residence before) 13b COUNTY 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Preston Morris METY Young please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMAN Address Yes, no, or unknown) Sophia M. Morrisl630 R St. N.W. no 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 160 a. K 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month (If either, notify medical examiner) 21d INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21F LOCATION Street or R.F.D. No. City or Town County State White Nat while of work 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased onve an. be retained couses stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURI 22c. DATE SIGNED DIRECTOR directar, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, Virginia Culpeper. Fairview Cometery ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68



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HEALTH	DERTA	A		CEASED NAME First Middle Cost 20 DATE KNOWN Month	Day Year 2b, HOJR
ge to	4	*) (T	YDE OF Pro11) Hannie Olever Marris DEATH MATED Mar	- 41
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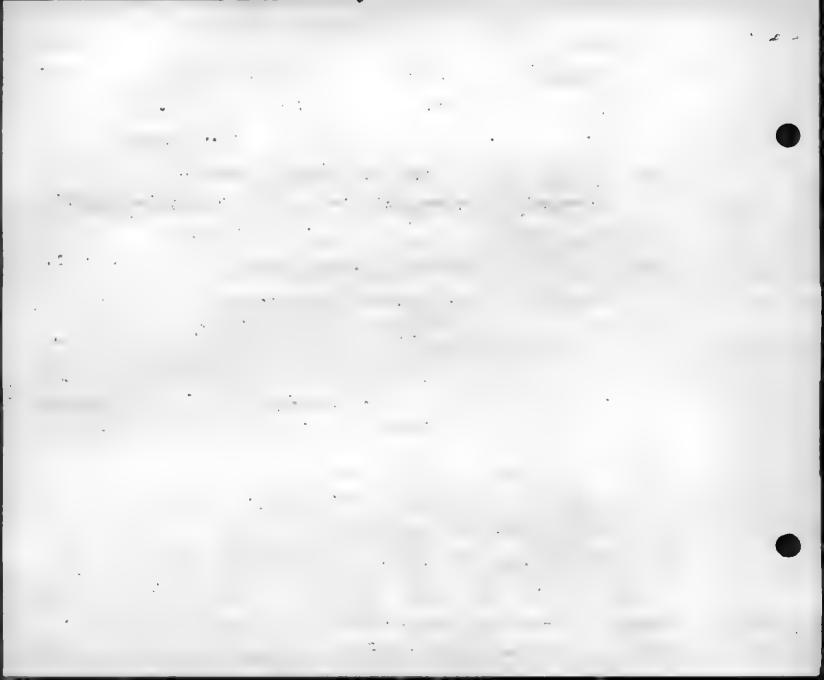


MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68 A. E. S. W.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAM 2n. DATE OF DEATH First deoth. (Type or pant) event, within 72 hours ofter 3. SEX 4 RACE 6 AGE (In years IF UNDER 1 YEAR last birthday) MONTHS 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? ^{B.} MARRIED 🗍 NEVER MARRIED 🛭 country) Penna. S. Montgo WIDOWED I DIVORCED [12a USJAL OCCUPATION (And of work done of 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR ond completely fi during most of work polifie, even if retired) give street address) 13a USUAL RESIDENCE Where de dased lived, if institution Residence before 3c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed ond in ony 15. MOTHER S MAIDEN NAME First Iva Peryl Snyder Garfield C. Mundis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **16b. SOCIAL SECURITY NO** 17. INFORMANT Address Yes, no, or unknown) (if yes give wor or dates of service) Same as Item 13. Unknown or removal, M. Beth Mundis APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER_SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) hos been CAUSES OF DEATH? YES P NO I 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part'2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Town White Nat while at work of work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from 17and 13, 1960 22c DATE SIGNED 22b. SIGNATURE ATTENDING 3-29-68 director, pone 3 should be fied v PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Wm. Y. Marcus 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE (County) Harrisburg, Burlar (Specify) Resurrection Cemetery Penna. 4-1-68 24. FUNERAL DIRECTOR Bethesda, Maryland 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1768 DATE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1968

(1)	VI		CERTIFICATE OF DEATH
funeral 2			tetased name first Thais Vivetoria Murphy 20 DATE OF DEATH YPON MONTH 3 MONTH
a ges		3. SE	S DATE OF BIRTH APRIL 3 1891 6. AGE (in years of Judger 1 YEAR of UNDER 21 HRS.) HOURS MIN TO YES.
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	f s	.5	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done like in the second retired.)
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To be		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer) P.M. 19
fter this cert be detached State Dept. a			While Not white of work of work
p e			saw the deceased alive an 3 3 49 6 and that in (my) (our) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
DIRECT ge 3 sh led with			226. SIGNATURE ATTENDING DIRECTOR STAFF C. 22c. DATE SIGNED PHYS. DIRECTOR PHYS. C. 3. 2.4.68
TO FUNERAL DIRECTOR director, page 3 shau shauld be filed with the	1		122d. PHYSICIANS / Tason Gicker, M.D. 220 ADDRESS 500 Starting Drive Mid.
TO FU direct shau	R		BURIAL (REMATON, REMOVAL 1) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or fown) (County) (Stote) Maryland Pune Oval 1 25c RECID BY REGISTRAR 125c REGIS
VR A15 (4 30M REV 1)		24.	FUNERAL DIRECTOR Joseph Gawler Sons Date Sons Rect By Registrar 255 Rect By Registrar 256 Registrar 256 Registrar 256 Registrar 256 Registrar 257 Registrar 258 Reg

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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1. D	ECEASED-NAME Type or print) WOLOD	YMYR	(NONE)	NAIS	waiko	2a. DATE OF	DEATH MONTH	Day 10 Ye	or 18	26 HOUR PM
3. \$	MALE	4. RACE Cau	casinn	S. DAT	POPIL 16,	1889	6. AGE (In years lost bathous)	IF UNDER I		JINDER 24 HRS. DURS MIN
7e cqu	BIRTHPLACE (State or foreign natry) UKYAINE	76 CITIZEN OF WHAT		B. MARRIED NEV	VER MARRIED DIVORCED	9. COUNTY OF	Mont 90	mery		Md
	CITY OR TOWN OF DEATH SILVEY SAYING	give style	et oddress) Vil	TUTION (If not in ho			(K nd af wark da		ND OF BUS	INESS OR FW
i3o. adm	USUAL RESIDENCE (Where declarission) STATE	sed fived, if institution 13b. COUNTY		ise city or town			REEL AND NUMBER	stone	PIA	و
14.	FATHER'S NAME FIRST	None) MA	lywaj Ko	Is. Moth	THE MADEN NAME F	sol	Ko (14)	(†)		Last
	WAS DECEASED EVER IN U.S. AR. (es, no, or unknown) (15 yes give)	MED FORCES? war or dates of service)	66. SOCIAL SECURITY NO 203-26-35	95 17. INFORM	aughter	C-1	Addres	ME		
	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS	for (a), (b), and (c).) OUTEN A CONSEQUENCE OF A CONSEQUENCE OF	abosis	,2º Car	enm	n Kidney	10	APPROXIMATE TWEEN ONSET	
ATION	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTION LEGACE CONDITION FOR WHICH	LCCC OPERATION WAS PERF	FORMED\ 20	TERMINAL DISEASE ORG	20b IF	YES, WERE FINDIN	GS CONSIDERE) IN CERTI	FYING
CERTIFICATION	1965 210 ACCIDENT WAS UNDERLYI	= 1 4 11714 41			YES NO NO NO WATER	X	OF DEATH?	t 2, Item 18)		`
MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Manth Day Year 19 T HOME, FARM, STREET, FACTO FFICE BUILDING, ETC.	DRY.) 21f. LOCATION	N Street or R.F.D No	City	or Town	County		State
	22a. I certify that (1) (1) saw the deceased causes stated above	vis hespital) atteg slive an e, (I) (we) (did) (d	ded the deceased 19 19 id not) view the b	68 and that	960 , 19_ t in (my) (sur) api	, ta inian death (3 /10 , accurred an the	19 <u>&8</u> , e date and	that (I) haur and	(we) las I fram the
	22b. SIGNATURE	hederiel	barr!		ATTENDING A PHYS		PHYS.	22c. DATE SIGN	168	Ci
	22d. PHYSICIAN'S NAME (Type)	REDERIC			4500 Ca	llege 1	Ave., Co	lege F	PAKK,	md.
23a		DATE /14/68		emetery or crema		1	ington,		y) ((State)
	FUNERAL DIRECTOR	nes Compa	any Wash	ington,	DC DATE MAR	REGISTRAR 19	68 REGISTE	AR'S SIGNATU		a :

VR A15 (4) 30M REV 1/68

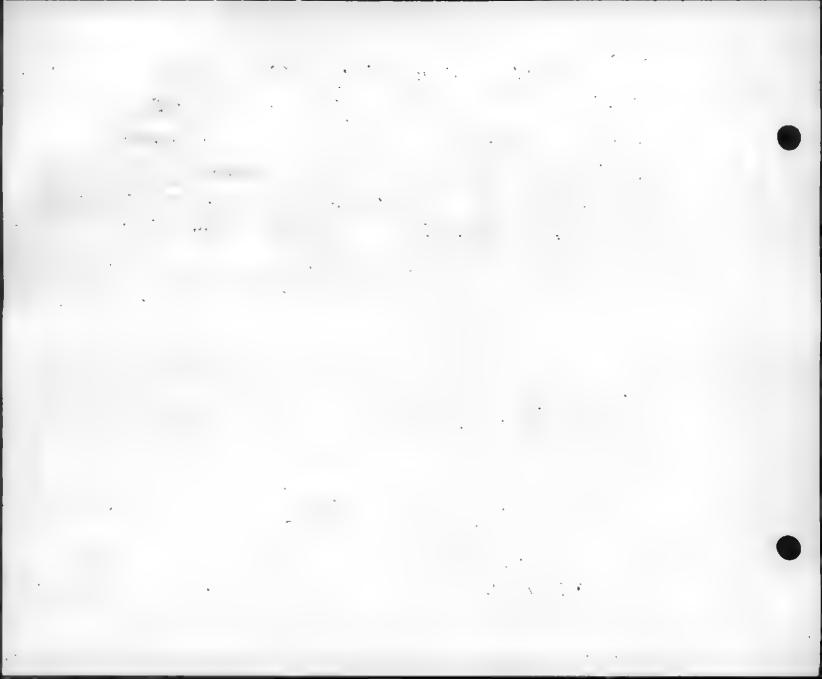
the fune of

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the Tunefal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 mmy be retained by the haspital or attending physician.

deoth.

ofter



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR after death. and 2 (Type or print) hours after 4. RACE 6. AGE (In years last b rthoay) 3. SEX DATE OF BIRTH IF UNDER I YEAR MONTHS. DAYS HOURS law requires that the death certificate be executed within 24 hour 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED country) liled n nır. ınen piease remave carban pabers ar removal, and in any event, within 72 h Montgomery DIVORCED [WIDOWED [NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 2a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working fe, even if retired) INDUSTRY please remave carban Wheaton the ottending physician and campletely 13a. USUAL RES DENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY admission) STATE YES 🔂 14. FATHER'S NAME First Middle MOTHER'S MAIDEN MAME First Middle Clmen 16g WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, ng. gr unknown) S.L. 4+799 give agr or dotes of service) 16b. SOCIAL SECURITY NO INFORMANT Address 4311 18. CAUSE OF DEATH (Enter only one cause per line for (g) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. burral, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse signed ! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16th has been s use as the t attending 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO F YES 🗍 Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) Ē OR CONTRIBUTING CAUSE OF QUATH HOUR A.M. Manth Doy Year be detached for (If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State White Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 1968, and that in (ply) (aur) opinion deoth accurred on the date and hour and from the sow the deceosed alive on. should couses stated above, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURI 22c. DATE SIGNED **ATTENDING** director, page 3 should be filed v DEGREE DIRECTOR PHYS. PHYS 22e ADDRESS NAME (Type)

VR A15 (4) 30M REV. 1/88

24. FUNERAL DIRECTOR

230. BURIAL CREMATION.

REMOVAL (Specify)

23b. DATE

NAME OF CEMETERY OR CREMATORY

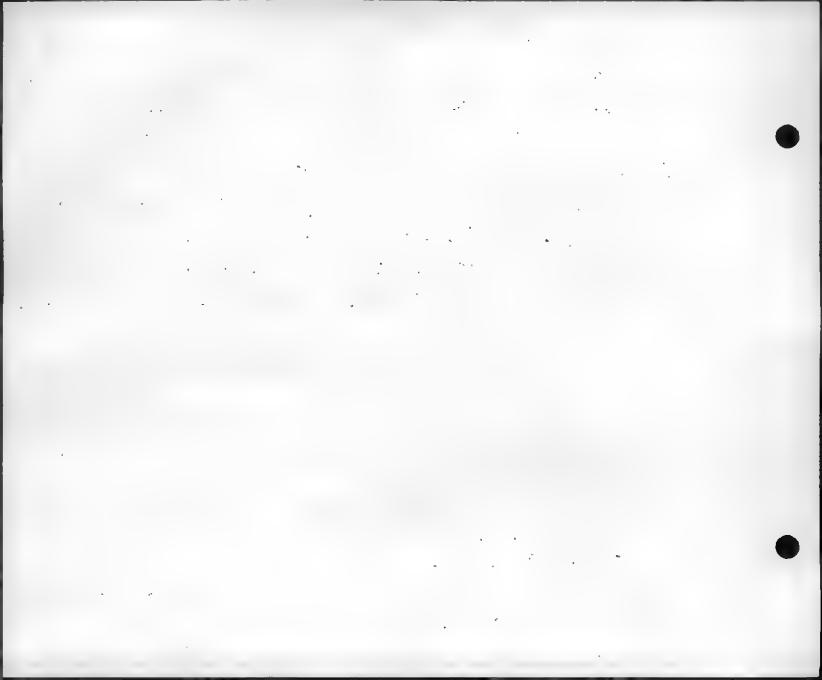
2Sq REC'D BY REGISTRAR

2Sb REGISTRAR'S SIGNATURE

23d LOCATION (City or Town)

Whenelas Versei

(County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT DECEASED NAME First Middle 20. DATE KNOWNER Month Day 2b HOUR Year (Type or Print) OF. ESTIny deloy is William Gordon Poge NEESE DEATH MATED March IF UNDER 1 YEAR IF JINDER 24 HRS 4 RACE S DATE OF BIRTH 6. AGE (In years 2c DATE PRONOUNCED DEAD 3 SEX 2d HOUR , 2, c. PM3. P ortmer MONTHS HOURS lost birthday] 56 YRS 11 May 1911 Male Vaucasiah 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9 COUNTY OF DEATH Office along with form country D.VORCED WIDOWED Delaware United States Montgomery 8. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 24 hours ofter death 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street address) with the Naval Hospital Law Officer Rethesda Bethesda deoth. I3e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Levittown odmission) STATE 13b. COUNTY YES T 32 Old Hill ond 2 \ Item ofter IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME M-ddle Middle STRAW Flossie hours Given NEESE forworded to the Chief Medical Examiner's Clarence pages .5 16b. SOCIAL SECURITY NO 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** Arnold, Maryland pmnc, (Yes, ng, or unknown) MAR 13-MAR-68 067-07-9652 Box 288 Fle Mrs Boyd NEESE APPROX MATE INTERVAL BEHATIN ONSET AND DEATH be executed event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. PART I. DEATH WAS CAUSED BY pending Application Process IMMEDIATE CAUSE (a) QUE TO, OR AS A LONSEOUT NOT OF burnol-transit Conditions, if any, which gave nse ta immediate cause (a). This certificate should mniting the word DUE TO, OR AS A stating the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 0 SD removol, CERTIFICATION used 20. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO [please execute the certificate, Poge 4 should be ö 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18. 3 should HOJR A M PRIMARY OR CONTRIBUTING ICAL EXAMINER: cremation, P.M CAUSE OF DEATH 218 INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian the funerol director. death resulted from Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED SIGNATURE O DEPUTY may **EXAMINER'S** O FUNE Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION, 23b DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington Nat'l. Cem. Arlington. Virginia Boria: FUNERAL DIRECTOR REC'D BY REGISTRAR **ADDRESS** VR A15ME (5) Church F.H.. Falls Church. Va. 10M REV 1/68

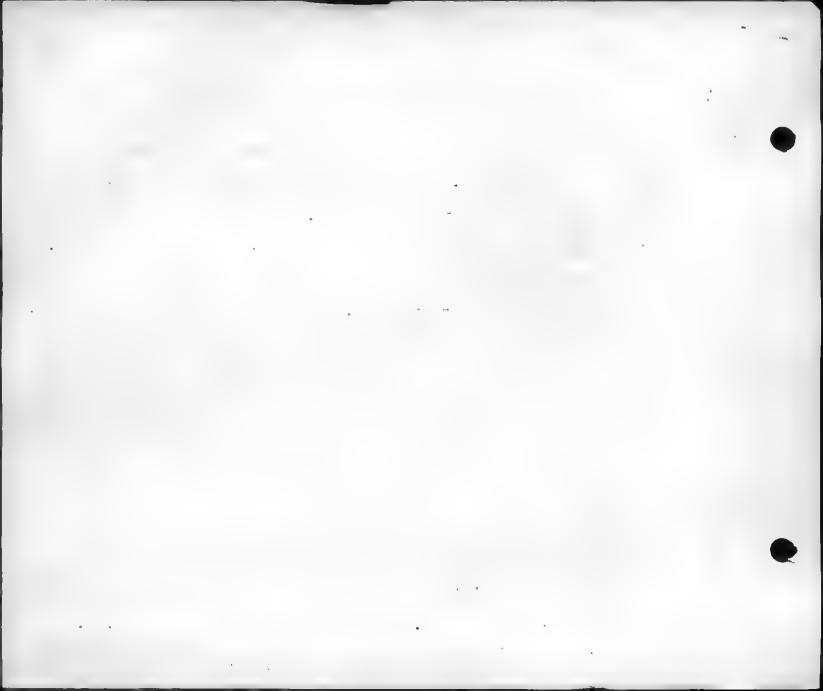


the funeral of 2 and 2 haurs ofter deoth. TO FUNERAL DIRECTOR: After this certificate Tom been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 Page I may be retained by the hispital or attending physician.

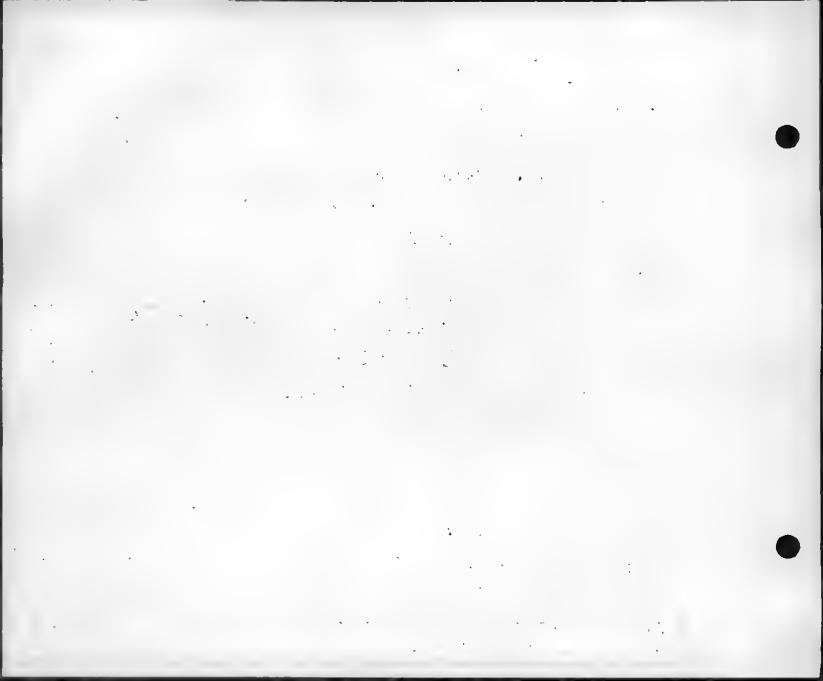
TO NESDITAL DE ATTENDING PHYSICAN; The lam requirem that the death certificate be emecuted within 24-

	* Pr 77.34	Acre.		CERTI	IFICATE	OF DEATH				7.1	175		
ī	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased liv	red, if institutio	n: Residence b	efore odmissi	on)		
	o. COUNTY MO	ntgome ry		MA.	ARYLAND	" STATE Mary	land	b. COUNT	Y Mont	gome	CV		
T	6 CITY OR TOWN (If outside corporate limit d give nearest town)	s,	c LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (It outside corporate Emits, write RURAL and give nearest town)							
1	Beth					Bethesda							
		AL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)	_	d STREET ADDRESS	201110	544		e IS RESIDENCE ON A FARM?			
١	4401 Ea	ast West I	Highwa	y		4401 Eas	t West	Highv	vay	YES 🗌			
3		Fi	rs†	Middle		Lost	4 DATE	Month		Doy Ye	or		
,	(Type or print)	HEL	EN L.	O' DON	MELL		OF DEATH	Mar.	31,	19	68		
1 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	MED E	3. DATE OF BIRTH	9. AGI	(In years t birthday)	Months Do		R 24 HRS		
	Female	White	WIDOWED	DIVOR(CED 🔲 🕽	Nov. 6, 18	74 93	Asz	Molifits	YS 110013	rottile		
	80 USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County	& Stote, or foreign	country)	12 CITIZE	N OF WHAT			
Ľ	House	vife	(IV)	2031KT		Penna.			Cooki	U.	S.		
	3. FATHER S NAME					f4. MOTHER'S MAIDEN I							
L	Patr:	ick Charl					(Unkn						
	(Yes, no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service) 16	SOCIAL SECURITY NO.		NFORMANT SOT			Seorge				
L	No		715	-54-516	5 J.	Joseph O'I	onnell	- Ar	Lingto				
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY ONE AND DEATH AMARENEE CAUSE (c) ONE AND DEATH												
1	14 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										my.		
1	Conditions, if ony	DUE	.94	Ter-in	0								
	rise to immedio	te couse (o),	(b)					_					
	stating the under	riying couse	10 /	enerale	see 1	Certeries	larosia			15 ym.			
	0.00	IGNIFICANT CONDITIONS (ONTRIBITING T	O DEATH BUT NOT I	RELATED TO 1	HE TERMINAL DISEASE CON	IDITION GIVEN IN	PART I(o)		19 WAS AUT	OPSY		
100	19-1	abeter /				11.0	Theybe	den		PERFORM YES	NO M		
5	200 ACC DENT WA		- 7	/	OCCURRED	(Enter noture of injury in	Port 1 or Port II o	t item 18.)		11.7	110		
, crov	OR CONTRIBUTING	MEDICAL EXAMINER)				(,					
14.5		URY Month, Doy, Year	20d IP	NJURY OCCURRED		CE OF INJURY (Home, form		y or town)	(County)	(State)		
1	Hour'o.	10	While of world] focto	ory, street, office bldg., etc							
	21. I certi	ify that (I) (this hos	pital) attend	ded the decease	d fram_	march.,1	9 5 3 to 7	wich 3	0.1965	7that (1) (we) last		
	saw the d	eceased alive an_	march	30 1968	, and that	death accurred at	1:45 T.M. fro	ım causes a	nd on the	date stated	dobove		
	220. SIGNATURE		7	20		ATTENDING -	MED	STAFF	22b. DATE!				
		stram"	te.	charge	M.D	PHYS	DIRECTOR L	PHYS 🗀	3/31	1/68			
ı	22c. PHYSICIAN S NAME (Type	BERTRAI	MF. S	CHAEFER	}	22d. ADDRESS	Man.	ac.	7.30.	Und	.00		
=								Oh (City or Tow					
-1	REMOVAL (Specif	v)		23c NAME OF CE				, ,	,		Stote)		
-	Burial 24. FUNERAL DIRECTO	14-2-6	5	ADDRESS	ivet	Cemetery 250 Mici	Washi:	2Sb REG	ISTRAR S SIGN	AIURE			
R	OBERT A		Y, Bet		Mar y	Land APR	3 _ 196	8 100	ISTRAR S SIGN.	Judge	h		

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH 7b HOUR (Type or print) Year IF JINDER OF HES 3. SEX 6. AGE (In years SE UNDER I YEAR last birthaay) HOURS DAY5 7a. BIRTHP, ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIEDI country) physician and campletely tyled in ve carban papers event, within 72 h WIDOWED F DIVORCED [12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OF give street address during most of working ife, even if retired) OUSE KEEPER 13d INSIDE CITY LIMITS? 13g JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER Truites that the leath certificate be executed admission) STATE 13b. COUNTY remove and in any 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give wer or dates of service) Yes, no. or unknown) ar removal. APPROXIMATE INTERVA signed by the attending 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes tor use as the t f Health priar to b O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES [NO F by the hospital or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year to. P.M (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City or Tawn County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1962, 1962, ta March 25, 1965, that (1) (we) last saw the deceased alpho on 1968, and that in (my) (our) apinion death occurred on the date and haur and from the þ causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE director, page shauld be filed PHYS 22d (PHYSICIAN S 22e+ADDRESS NAME (Type) R. Spencer John FIGGTONSVILLE 23d LOCATION (City or Town) 23o. BJRIAL, CREMAT ON 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 3-28-68 Lake View Memorial Gardens Liberty Dam Carroll. Md 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURES VR A15 (6) 30M REV DATE A FA CO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2o. DATE OF DEATH **DECEASED-NAME** M.ddle Last 2b. HOUR death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. uneral 1/and (Type or pnnt) UNE 4. RACE DATE OF BIRTH IF UNDER I YEAR last_birthdoy) MONTHS physician and campletely filled in by a en please remave carban papers. Pa oval, and in any event, within 72 habrs 7o BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED X DIVORCED North CARolina 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION Kind of work done give-street address) during most of work no life, even if retired) 13a JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 33a STREET AND NUMBER? admission) STATE 14 FATHER 5 MAME 766 SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY 1 - IMMEDIATE CAUSE (0) signed by the burial-transit p Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Health priar to has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. WHTOPSY? CAUSES OF DEATH? YES 7 NO 🗆 O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY & AT HOME FARM, STREET, FACTORY. 1 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County State City or Tawn While Nat while at work 22a I certify that (I) (this hospital) attended the deceased from 19 68, and that in (my) (aur) apinion death occurred on the date and hour and from the couses stoted above, (1) (well (did) (did not) view the body after death 226 SIGNATUR 22c DATE SIGNED ATTENDING DEGREE director, page 3 should be filed 22d. PHYSICIAN'S George Sharpe Conn Avenue, Kensington, Maryland 23c NAME OF CEMETERY OR CREMATORY 23o B JRIAL CREMATION

Willowdale Cemetery

84 3APDRESEORGIA Ave.

Silver Spring. Md.

Goldsborough.

25g. REC'D BY REGISTRAR

DATEMAR

North Carolina

VR A15 (4) 30M REV 1/68 REMOVAL Specify)

Pumphrey.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Last 2n. DATE OF DEATH Eirst Middle requires that the death certificate be executed within 24 hours after death. ded (Type or print) 3. SEX . DATE DE BIRTH 6 AGE (In years IF UNDER 1 YEAR physician and completely filled in by 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED | DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR givestreet oddress carbon 13a USUAL RESIDENCE Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER SAKOU Spring and in any 14 FATHER'S NAME 15 MOJHER MAIDEN NAME First 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or unknown) (If yes give war or dates at service) Address Yes, no, or unknown) cremation, or removol, Varionan signed by the attending burial-transit permit. Th 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (a) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause attending physicion. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the has been 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFICAT CAUSES OF DEATH? NO V YES [Dept. of Health by the hospitol or TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Exter nature of injury in Part 1 or Part 2, Item 18.) 215. TIME OF INJURY TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While In Nat while In at work at work 22a. I certify that (I) (this haspital) attended the deceased fram. and that in (my) (arr) apinian death accurred on the date and haur and from the saw the deceased give an. director, page 3 should should be filed with the be retoined causes stated above, (1) (we) (did), (did hat) view the bady after death. 22b SIGNATURE SIGNED 22c DATE **ATTENDING** MED DIRECTOR STAFF PHYS MW) DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) V3c NAMA OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, 23b DATE (County) (State) REMOVAL (Specify) Lincoln Cremetony Merila. 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 47 1968 UMM APIL

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

23c NAME OF CEMETERY OR CREMATORY

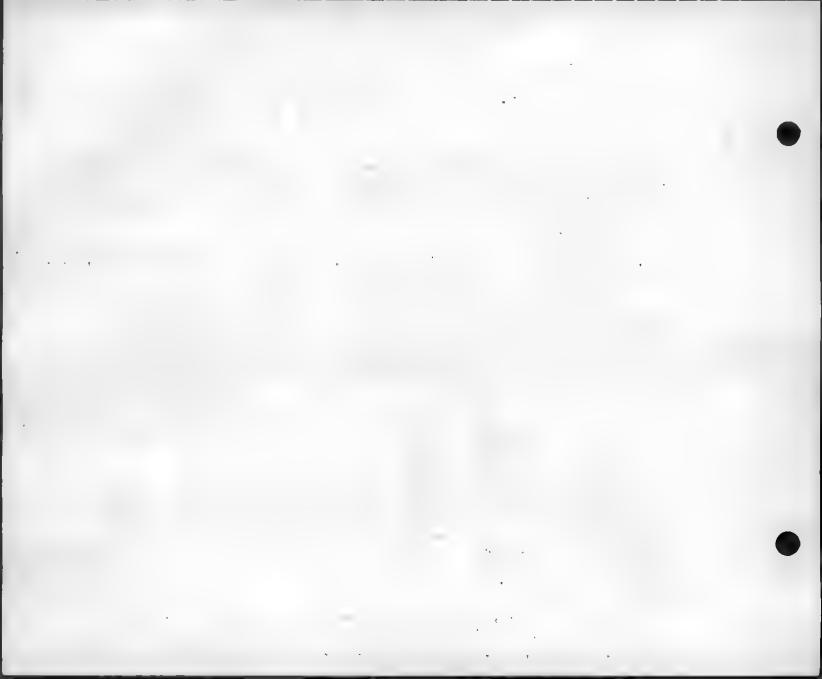
March 16, 1968 Royal Oak Cemetery

VR A15ME (5) 1DM REV 1768 230 BUR AL CREMATION.

23b DATE

Warner E. Pumphrey. Inc. Silver Spring. Md.

20 DATE KNOWN DO Month Yeor DEATH MATED 2c DATE PRONOUNCED DEAD Montgomery 12b KIND OF BUSINESS OR NDUSTRY brary 13e STREET AND NUMBER 1527 Crooks Road Middle Drake N. W ADDS 806 Chesapeake St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Suntrelim 4EDIS 20. AUTOPSY? County Stote Inquiry X. and in my opinion Undetermined monner 22b DATE SIGNED-23d LOCATION (City or Town) (County) Royal Oak, Michigan C. Glen Carter 84345 Georgia Ave 250 REGISTRAR 2 0 1968 250 REGISTRAR'S SIGNATURAL AND MAINTAIN DATMAR 2 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2n DATE OF DEATH 26 HOUR DECEASED NAME First Middle ofter death. funeral (Type or print) ayne Marvin IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR 3 SEX DAYS 12-3-42/9/1 last birthday) male haurs 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or fereign 8 MARRIED M NEVER MARRIED papers. country) USA WIDOWED DIVORCED | Montgomer 24 Marylana physician and completely filled 12a USUAL OCCUPATION (Kind of work done event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address daring most of working life even if retired) en please remave carban Takoma washing ton Sanitarium + Hop. Budisher 13a USUAL RESIDENCE (Where deceased lived, funstitut an Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM 152 13e STREET AND NUMBER 136 COUNTY odmission) STATE 5. ver Spring YES. NO 🗆 Stening GOMET Mary remayal, and in any Middle 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Last 5 Parne Kines 160. WAS DECEASED EVER IN US ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LUCIE PRYNB Address 15. 7 . na /s Yes, na, ar unknown) 215-44-344 Sanitarium & Hosp washington 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise to immediate cause (a), 2 DUE TO, OR AS A CONSEQUENCE OF attending physician stating the underlying cause signed t PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? YES NO [USe 21a ACCIDENT WAS UNDERLYING be retained by the haspital ar 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) fer OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached (AT HOME FARM, STREET, FACTORY.) 21f, LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Mat while at wark 220. I certify that (1) (this hospital) ottended the deceased from Movamiler, 19 1922 to service, 19 68, that (1) (we) lost sow the deceased olive on 12 10 19 68, and that in (my) (our) opinion death/occurred on the date and hour and from the causes stated above, (I) (we) (did) (did in 1) view the body after death. shauld 22c DATE SIGNED 22h SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS director, page should be filed 22e ADDRESS 22d PHYSICIAN'S NAME (Type) James Whit Lock 23d. LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23g BURIAL, CREMATION REMOVAL (Specify) March Parklawn Cometeru Kockville, Manulana 2Sa. REC'D BY REGISTRAR VR A15 (4) 1968 30M REV 1/68



30AA REV, 1/68

3-23-68 MARYLAND STATE DEPARTMENT OF HEALTH



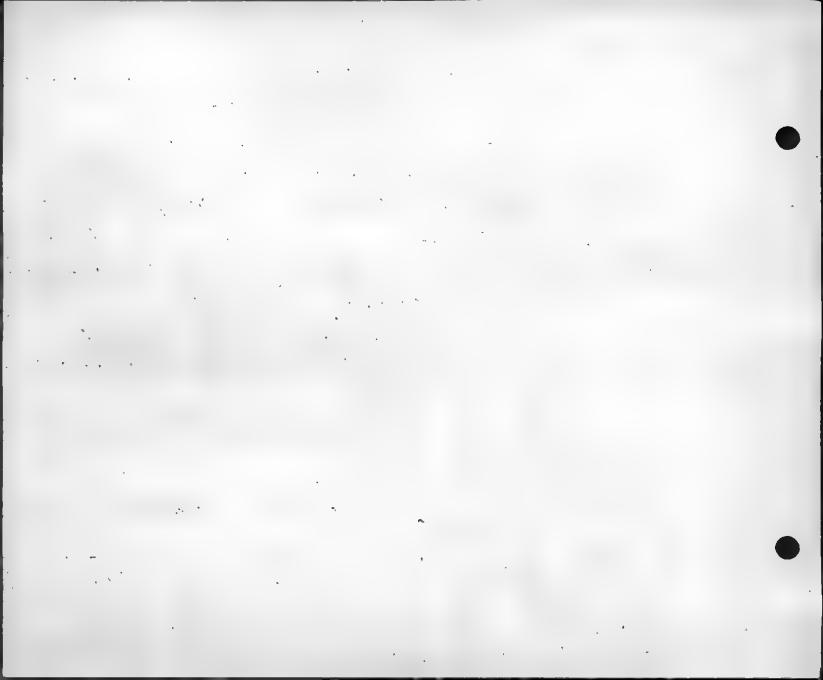
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death and (Type or print) physician and campletely filled in by the funera on please remove carbon papers. Pages 1 and 3. SEX 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH lost birthdoy) ease remove carban papers. Pages and in any event, within 72 hours aft remale 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. Married 🗍 Never Married 🏳 WIDDWED [DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL DCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) ensing Ton-Kensington 30 USUAL RESIDENCE (Where deceased lived, if Institution Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE Montgomery 14. FATHER S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First First PIERCE ranas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes no, or unknown) (If yes give war or dates of service) 578-48-061 4712 Merivale Frances Ambursen. APPROX MAIL INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gove) burial-transit use to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART prior to has been os the CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES -NO U this certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 2.d. INJJRY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (i) (this hospital) attended the deceased from 1952, to 1955, 1965, that (I) (ms) lest saw the deceased alive an 1956, and that in (my) (our) opinion death accurred an the date and haur and from the O FUNERAL DIRECTOR: After be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS DEGREE DIRECTOR director, page should be filed 22e. ADDRESS Page 4 may 22d. PHYSICIAN'S NAME (Type) 23b. DATE 25c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, B. REMOVAL Specify) 1968 Brookside Cemetery Watertown New York 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REG STRAR

VR A15 (4) 30M REV 1/68

oseph Gawler's Sons, 5130 Wis. Ave N. W.

ME APR 5 _ 1968

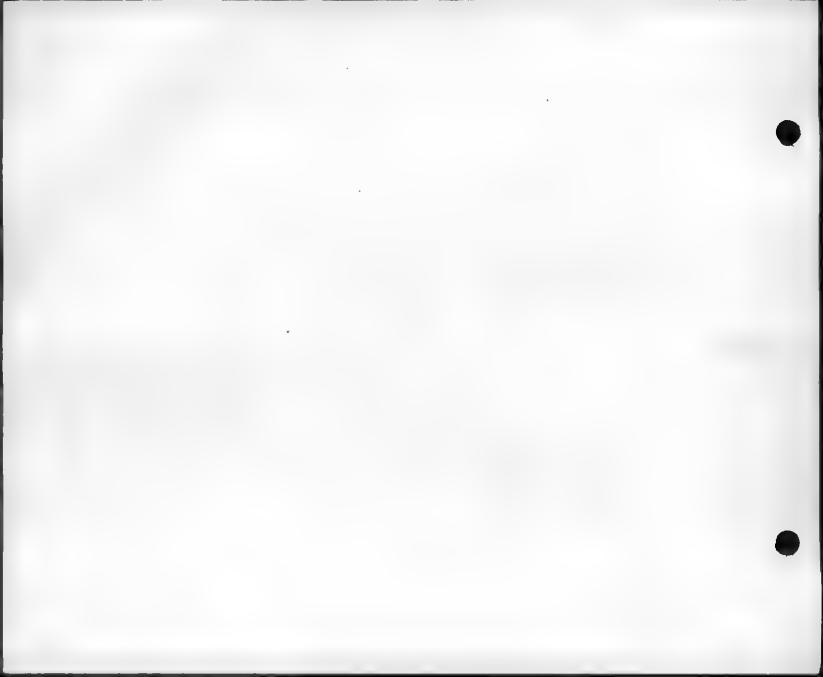
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MARYLAND STATE DEPARTMENT OF HEALTH

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1	Item 8 Film G398 MARKET BY MANAGES CERTIFICATE OF DEATH								
FOR STATE	medical examiner's Certificate of Death								
HEALTH DEPT.		Type or Print) / : /// a a	Day Year 2b. HOUR						
ay is	<u> </u>	171011 /112e - 1707her DEATH MATED & MOTTH							
	3 51	dest brindery) MONTHS DAYS MOURS MAN Month) Day	Year 20 HOLR						
2, and barry de	200-1	B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARR ED NEVER MARRIED 9 COUNTY OF DEATH	1968 7 M						
	COUN		r y Md						
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haurs (fem Office	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle E Coga Coth	Lost						
24 in 1 in 1 ir is (Elizabet	Ri995						
be executed within 24 haurs pending in pending in pending office lief Medical Examiner's Office insit permit. File pages 1 and 2 event with n 72 haurs after d		WAS DECEASED EVER IN U.S. ARMED FORCES? 16s, no, ar unknawn) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS							
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ficate : ing the rded ta as a b as a b		4 1 A							
ertif writi war sed aval	NOIN	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?						
This certificate, writing the farward be farward as de used as ar remayal	EFIC	WAS PERFORMED?	YES NO X						
Th frical if be id b	MEDICAL CERTIFICATION	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Hern	n 18)						
INER: The certifice should be files. 3 should 1	DICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19							
EXAMINER: cute the certi age 4 shauld your files. Page 3 shoul I, cremat an,	WE	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white not white factory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town	County State						
AL EXAMIN execute the r. Page 4 st I far your fi I for Your fi I for cemai		AT WORK AT WORK							
- 9 - 2 € 0		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀, Inquiry 🔀,	and in my opinian						
se e se e ned ned ned r bu bu		death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner 🗍							
ITY BIC. Ity, please eral directal be retained RAL DIRECT PRIORECT	ACTUAL O. S. C. CHIEF MEDICAL EXAMINER TO CHIEF MEDICAL EXAMINER TO COLORA COLO								
y, pleseral dispersion prior i		SIGNATUREM D ASS STANT MEDICAL EXAMINER 220 DATE SI	GNED 10-0						
TO DEPUTY DICA PECSORY, please extra fine funeral director. 5 may be retained TO FUNERAL DIRECTORY Health prior to but		EXAMINER'S NAME (Type) DEPUTY MED CAL EXAMINER ADDRESS(Street, city, town, or county)	ex 5, 1708 -						
The the Head	230	BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR GREMATORY 23d LOCATION (City or Town) (C	County) (State)						
0		Bur, 21 3-11-68 Brooke Grove Cem LaitonSull	le NontaNK						
The same of the sa	24	FUNERAL D. PECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 SIG	ONATURE						
VR A15ME (5)		Johnst K. Subjection Korckille, M.D. DATE MAR 1 2 1988 school	Men Judge :						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2a DATE OF DEATH Middle 2b. HOUR death The law requires that the death certificate be executed within 24-bours after death gud (Type or print) 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (n years iost birthday) MONTHS OAYS 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) filled in, WIDOWED TO DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. K NO OF BUSINESS OR during most of work no life, even if retired) INDUSTRY carban signed by the attending physician and campletely burial-transit permit. Then please remave carbai 130 JSUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c CITY OR TOWN / 13d. INSIGE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY and in any 14. FATHER S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Unknown Sarah Burrus 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 16b SOCIAL SECURITY NO Silver Spring, (If yes give war or dates of service) Yes, no/ or unknown) 577-16-7680 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse croscleros. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) affending as the prior tal O FUNERAL DIRECTOR: After this certificate has been 1 bruce 20b. U-YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [NO X for use Health the haspital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IB.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical exominer) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. County State City or Town While Nat while at work 220. I certify that (!) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the be retained couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR director, page a PHYS. 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 809 Viers Mill Road Stephen 236 LOCATION (City of Town) 23a. BURIAL CREMATION 23b DATE (County) REMOVAL (Specify) Hickman Cemeteru Hickman. 1968 2Sa. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68

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Silver Oprina

DATE MAR

2Sb REGISTRAR S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04432 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Year 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last bir (yot MONTHS MOURS physician and campletely filled in by 7a. B.RTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED cauntay WIDOWED 15 DIVORCED | 10. CITY OR LOWN OF DEATH 12g USJAL OCCUPATION (Kind ef wark done 126 KIND OF BUSINESS OR give street address wen if retized) burial, cremation, or removal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER please remove colo 13b COUNTY 14. FATHER'S NAME IS. MOTHER S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT TYNO Yes, no or unknown) (It les give war or dates of service) attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: signed by the attenduburial-transit permit. IMMEDIATE CAUSE (o) Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tak O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO P YES [TT 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year State Dept. af (If either, notify medical examiner) be detached 21d. INIURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 2 - 29 ___, 19_68, to _19 68, and that in (my) (our) apinion death accurred on the date and hour and from the 3 shauld to I with the S saw the deceased alive an_ 3-3 causes stated abave, (1) (we) (did) (did set) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 shauld be filed v PHYS DIRECTOR 22e ADDRESS 22d. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE 23d ACCATION (City or Town) (State) (County) REMOVAL (Specify) Rock Creek Cemetery Washington, D.C. Burial **ADDRESS** 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 Joseph Gawler's Sons, Inc. 5130, Wisc. Age. N. W

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

1	CERTIFICATE OF DEATH								
	OFCEASED NAME First Middle Lost 20 DATE OF DEATH Type or print) Charles E. Ramsey Month Day Year 1145 M								
3 5	S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH 6 AGE (In years F UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.								
	BIR3HPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH								
	West Ya. U.S. A WIDOWED DIVORCED 1110ntgomery Md								
ID.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR NSTITUTION (If not in hospital during mast of working to, even if retired) 12. USUAL OCCUPATION (Kind of work done during mast of working to, even if retired) 12. NAME OF HOSPITAL OR NSTITUTION (If not in hospital during mast of working to, even if retired) 12. NAME OF HOSPITAL OR NSTITUTION (If not in hospital during mast of working to even if retired)								
	US_AL RESIDENCE (Where deceased lived, if institut on Residence before 13 (ITY OR TOWN / 13d MISTOE CITY LIM TS? 13e STREET AND NUMBER 13b COUNTY Mont. Barnesyille YES NOTE:								
14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost								
	Unknown Unknown								
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 2 Address								
L	Yes, no, or unknown) (11 yes give wor or dorles of service) 233-16-976-54 Mrs. Edna Kamsey Barnesvelle Md								
Г	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.								
	PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Caracovascular Follopse maney								
	DUE TO, OR AS A CONSEQUENCE OF								
	(anditions, if any, which gave) rise to immediate cause (a). (b) pullumane								
	storing the underlying cause DUE TO, OR ANA CONSEQUENCE OF								
П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO, DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)								
	ceribar thromboris								
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING								
	YES NO CAUSES OF DEATH?								
MEDICAL	(If either, notify medicol examiner) PM 19								
2	21d. INJURY OCCURRED While Not while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R F.D. No City or Town County State								
П	of work at work								
П	22a. I certify that (1) (this haspital), attended the deceased fram [1600], 1968, to [1600], 1968, that (1) (we) last saw the deceased alive on [1600], attended the deceased fram that in [my] (aur) appinion death accurred an the date and have and fram the								
	causes stated abave. (H) (we) (did) (did not) view the bady after death.								
1.	276 STENDING MED. STAFF 22c. DATE SIGNED 3/18/68								
1/	22d, PHYS CIAN Se 22e ADDRESS DIRECTOR PHYS. L								
	MAME (Type) VI/ Fred h. Etyman frant 1/125 Kcekville fike								
230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)								
	Burial 3/20/68 Boyds Freshyterian Boyds Monts, Md								
24	FUNERAL DIRECTOR ADDRESS ADDRESS 250. REC'D BY REGISTRAR ADDRESS ADDRE								
L	Villow unual Home - Durnerello, or MARE 2 1 1300 1								

VR A15 (4) 30M REV, 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tipled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove corporations papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.

Page 4 may be retained by the hospital or attending physicion.

24 hours ofter death.

within

Ter death

04433



VR A15ME (5) 10M REV 1768

Last

20 AUTOPSY?

YES DX

and in my apinian

NO [

State

Montgomei 126 KIND OF BUSINESS OR

during most of working life, even if retired.) 13e STREET AND NUMBER AUGUSTE

ADDRESS

GETWEEN ONSET AND DEATH - NIII.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

Fell steeling head Caysing Concession and In tus of water

MARYLAND STATE DEPARTMENT OF HEALTH

Inquiry X1. Undetermined manner

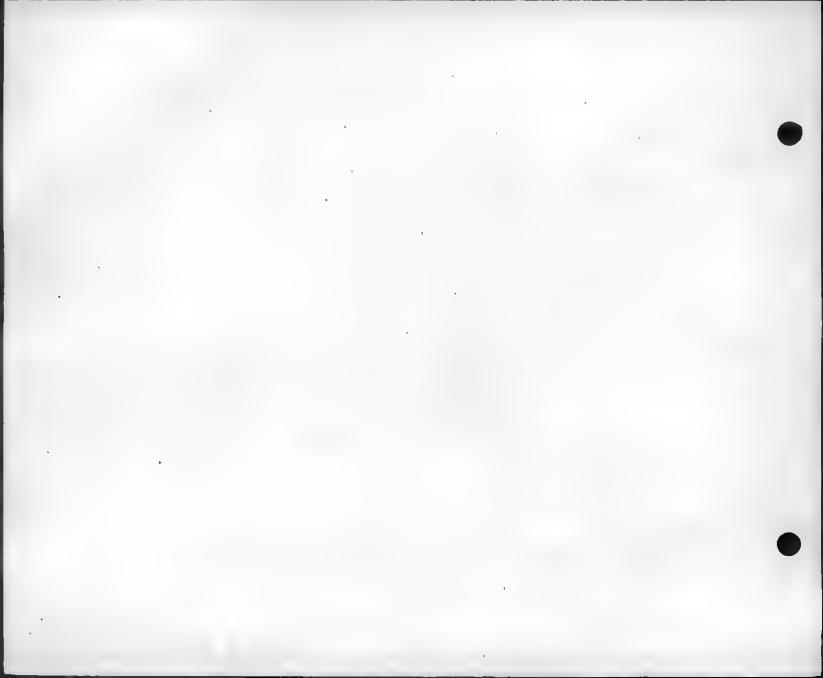
Washington, D. C.

APPENSO Wisc. AVEO RECD BY REGISTRAR

Gettysburg, Penna. 25b REGISTRAR S SIGNATUR

(County)

226 DATE SIGNED



13-Ce ht 21 film 398 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.4423 CERTIFICATE OF DEATH \sim 1 DECEASED-NAME First M.ddie LosiR1dgway 2a. DATE OF DEATH 2b HOUR death, (Type or print) haurs after 6 AGE (In years IF MADER 1 YEAR 3. SEX BIRTH IF UNDER 24 HRS last birthe 9 COUNTY OF DEATH 7g/ BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED burial, crematian, ar remaval, and in any event, within 72. WIDOWED DIVORCED X filled n hospital 10. CITY OR JOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (IF requires that the death certificate be executed within give street oddress? NDUSTRY during most of working life, even if retired.) attending physician and completely f permit. Then please remave carban 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before CUTY OR JOWN 13e STREET AND NUMBER 13d. INSIDE CITY LUMPTS? admission) STATE 13b COUNTY 14 FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First 16b, SOCIAL SECURITY NO 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Charlottes DAUGHTER Yes, no. or unknown? 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Aspiration gastric contents DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been see as be detached for use as the State Dept, of Health priar ta Associated gastric ulcer CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 😓 NO [Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING AJSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County OFFICE BUILDING, ETC While Not while of work 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 6 MH 3 19 8 3 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify)
Removal Kenseco Cemetery Kenseco. 250. REC'D BY REGISTRAR MAR 1 3 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Sons Wash. D Joseph Gawler' VR A15 (4) 30M REV. 1/68 Wisc. Ave.N.W.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH 26 HOUR DECEASED NAME First death Month Doy (Type or print) Armando signed by the attending physician and campletely filled in by the fun burial-transit permit. Then please remave carbon papers. Pages T burial, crematian, or removal, and in any event, within 72 hours after o 4. RACE S. DATE OF BIRTH IF UNDER , YEAR IF LINDER 24 HRS. 6. AGE (In years er by The Pages lost birthday) HOURS requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. 81RTHPLACE (Stole or foreign 8. MARRIED NEVER MARRIED Montgomery WIDOWED [DIVORCED [12a USUA, OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 26 KIND OF BUSINESS OR during most of working life, even if retired) Spring ospital 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before / 13c. CITY OR TOWN 13e. STREET AND NUMBER IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Elizabeth Cortalina Giocando 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (f yes/gryb, war og dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16-1 attending p priar ta l O FUNERAL DIRECTOR: After this certificate has been detached far use as the 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED **CAUSES OF DEATH?** YES AT NO [by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 215. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work should be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNAJURE 22c. DATE SIGNED ATTENDING PHYS. director, page 3 should be filed v DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN S 27 UNIU BLUD E, NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION REMOVAL (Specify) 11 of Pincoln Cometony Prince 2Sb REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR 250. REC'D BY REGISTRAR MAR 2 8 30M REV, 1/68



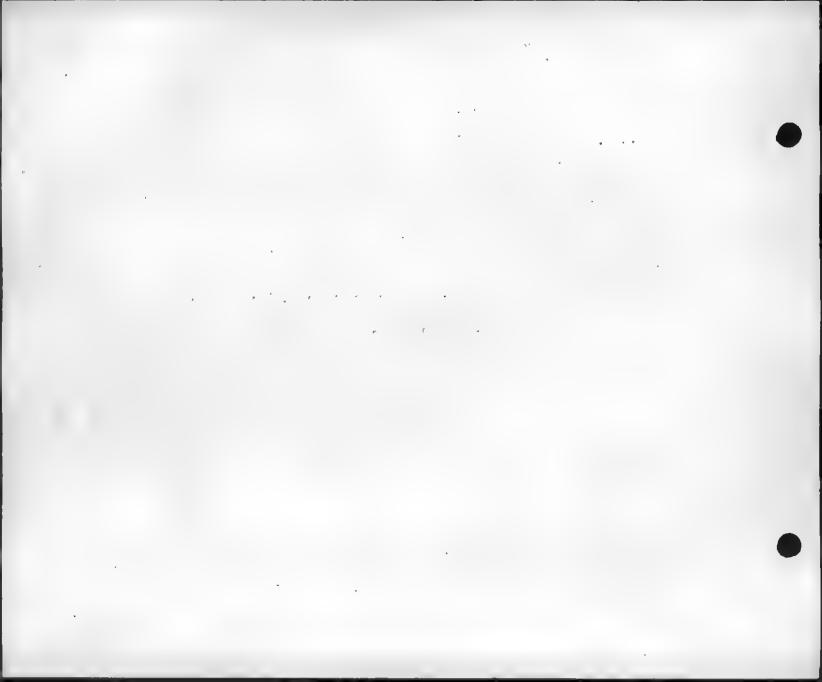
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Middle First Last 2a DATE KNOWN Menth Day Year (Type or Print) WILLIAM RIEMER ESTI-March 31,, 68 Page DEATH MATED iny delay ment 4 RACE S DATE OF BIRTH 6 AGE (In years IF JNDER I YEAR IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX WHITE 8/5/1895 MALE YRS 76 CIT ZEN OF WHAT COUNTRY? 7a BIRTHP_ACE (State or foreign MARRIED MINEVER MARRIED 9. COUNTY OF DEATH country) New York, N. Y U.S.A Montgomery WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street address) Suburban duning actioned a Mischarited 1 Bethesda Give 13a USJAL RESIDENCE (Where deceased I ved, finishiphian Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER New York 3b COUNTYUIster admission) STATE Box 23 Accord YES TO NO land 2 Item 1 14 FATHER S NAME M.ddle Last IS MOTHER'S MAIDEN NAME First Middle First Last Fannie Meyer Riemer Berman farwarded to the Chief Medical Examiner's pages haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Wife **ADDRESS** This certificate shauld be executed within pence Same as Item 13. (Yes, Nor unknown) (If was give wer or dates of service) Eva Riemer File 72 APPROXIMATE INTERVAL w thin CAUSE OF DEATH (Enter on y one cause per line t) permit. BETWEEN ONSET AND GEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any / which gave rise to immed ate cause (a), writing the ward stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(a) 8 used 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES [pe 21g EXTERNAL CAUSE WAS 21b. T ME OF IN JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 0 3 shaul PRIMARY OR CONTRIBUTING HOUR A.M SICAL EXAMINER: CAUSE OF DEATH 21d NJJRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE THE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Natural causes M Accident Suicide Homicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL may be re 22b DATE SIGNED the funeral SIGNATURE 5 may 10 FUNE **EXAMINER'S** Belden Reap NAME (Type) county) 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b DATE 4-3-68 23d. LOCATION (City or Town) (County) REMOVAL (Spec by) Beth David Cemetery Elmont. New York. Remova. 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** 25b REGISTRAR 5 5 GNATE Bethesda, Md VR A15ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04426 CERTIFICATE OF DEATH 20 DATE OF DEATH 2b. HOUR DECEASED-NAME Middle Lost First l and er death Month 17 20 (Type or print) March 1968° James Rinehart S. DATE OF BJRTH IE UNDER 24 HRS IF UNDER 1 YEAR popers Foges 1 hin 72 hours after 3. SEX 4. RACE 6. AGE (In years) lost burthdoy) Male Whi te Nov XX 1880 24 hours in by 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED New Market, Md. WIDOWED D.VORCED Montgomery physicion and completely filled 12a LSUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR tow requires that the death certificate be executed within during most of working life, even if retired) INDUSTRY pleose remove carbon Wiff Silver Spring Villa Nurs, Home 13o. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c CITY OR TOWN 3e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY - 20th Avenue Maryland Mont. Lewisdale Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First M.ddle John Rinehart Katherine Eador 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no. or unknown) 578-01-9313 Nursing Home Records-12325 New Hampshire Ave/ cremotion, or remayol, signed by the ottending phy burial-tronsit permit. Then Silver Spring, APPROX.MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral thromhosis mari IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) generalized ti-terio sclerosis use to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 os the None O FUNERAL DIRECTOR: After this certificate has been 20h IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? CAUSES OF DEATH? Noni -YES 🖂 NO X for use Health 216 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer) 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No Stote 21d. MaJRY OCCURRED City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 7-2b -Maria, 1968, that (I) (we) last saw the deceased glive on Mas 16 1968, and that in (my) (our) apinion death accurred at the date and hour and from the be retained couses stated obove, (I) (we) (did) (did not) view the bady after death. 22b STGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22e. ADDRESS director, po should be f NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, CREMATION, REMOVAL (Specify) Geo. Vashington Memorial Kuattsville "aruland 2434ADDRESS raia 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Glen Carter VR A15 (4) 30M REV 1/68 Silver Soning



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	NAME (Type) JOHN G. BALL M. D. ADDRESS(Street, city, town, or county)							
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ithin 24 ly filled on pape within 77		Silver Spring	11. NAME OF HOSPITAL OR give street address)		during most	OCCUPATION (Kind of work done to a working life, even if retired. -Sister	125. KIND OF BUSINESS OR INDUSTRY
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ICIAN: The low requires that the deoth option or attending physician. Tifficote has been signed by the ottending of for use as the burial-tronsit permit. The of Health prior to burial, cremation, or rem	MEDICAL CERTIFICATION	PART I DEATH WAS CAUSED IMMEDIAT IMMEDIATE IMM	DUE TO, OR AS A CONSEQUENCE CO (b)	NOT RELATED TO THE TERM PERFORMED 200 YE 21c. HOW INJURY	Occurred (Enter n		APPROXIMATE INTERVAL BETWEEN OWSET AND/DEATH I A CONSIDERED IN CERTIFYING County Stote
Poge 4 may be retained by the hospital Poge 4 may be retained by the hospital O FUNERAL DIRECTOR: After this certifice director, page 3 should be detached for should be fited with the State Dept. of He		22a. I certify that (I) (this	s haspital) attended the deceded to	sed from 2,19 and that free body after death. DEGREE PHY	(my) (our) apini	an death accurred an the	19_6+, that (I) (we) los date and haur and from the 3/20/68
TO HOSE Poge 4 TO FUNE director should	L		23/1968 MT.O		ETERY	23d LOCATION (City or Town) WASH	(County) (State) D.C.
VR A15 (4) 30M REV 1/68	24.	Funeral Director Lun	real Home ADDRE	WASH. D	Z 2Sa. REC'D BY	registrar 25b. registral	res Junge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

34429 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2g. DATE OF DEATH 26 HOUR March Month 25 Doy 196 Mear (Type or print) Lillian Robertson S. DATE OF BIRTH 4. RACE 6. AGE (In years last birthday) Nov. 23. Gemale 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Montgomery WIDOWED ROK DIVORCED [10 CITY-OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) give street oddress)
Pairland Nurraina Home 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Lington 3115 South High Stre 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Cornelius 16q, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Ves, na, ar unknown) (If yes give war or dates of service) Constance Ten Kockwille Manulano 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART ! DEATH WAS CAUSED BY molastatic Carc IMMEDIATE CAUSE (o) Carcun Canditions, if only, which gave) nse to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? Jan 1968 Obstruction of Bowel YES [21g. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 217 LOCATION Street of R.F.D. No. City or Town County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased from. 47, 1965, to 3/25, 1965, that (1) (we) last sow the deceased alive an 3/25, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED 22d PHYS CIAN'S 22e. ADDRESS Counond NAME (Type)

O FUNERAL DIRECTOR: After this certificate director, poge should be filed VR A15 (4) 30M REV 1/68

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23a. BURIAL, CREMATION,

Mar. 27.

23b. DATE

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23c NAME OF CEMETERY OR CREMATORY

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23d. LOCATION (City or Town)

(County)

DATEMAP 2 9 1968 REGISTRAR'S



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2o. DATE OF DEATH death First 26. HOUR funeral 1 and (Type or print) Month 15 KABERTS Dov homas 1968 ON 3 SEX 4. RACE 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthdoy) HOURS whi Male 7o BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) papers 71.5 A DIVORCED [MONTGOMOR WIDOWED Z Dic. The taw requires that the death certificate be executed within 24, 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital ID. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress carban RENSING to N and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before \$13c City OR TOWN 13e STREET AND NUMBER 136. INSIDE CITY LIMITS? 136 COUNTY please remave 14 FATHER'S NAME First KEDERTSON 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO removal, signed by the attending phy burial-transit permit. Then APPROX MATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (g))(b), and (c).) BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) ase to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) tar use as the t f Health priar ta b this certificate has been 19a. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO | 21a, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy Year αf (If either, natify medical examiner) P.M. etached 21d INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark State TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 1828, and that in (my) (aur) apinion death accurred an the date and have and from the saw the deceased alive anbe retained causes stated abave, (1) (sue) (did with view the bady after death, 22b. SIGNATURE 22c DATE SIGNED STAFF director, page 3 shauld be filed v DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) LOCATION (City or Tawn 23a BURIAL, CREMATION (County) (State) REMOVAL (Specify) 24. FUNTERAL DIRECTOR VR A15 (4) 30M REV, 1/68 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

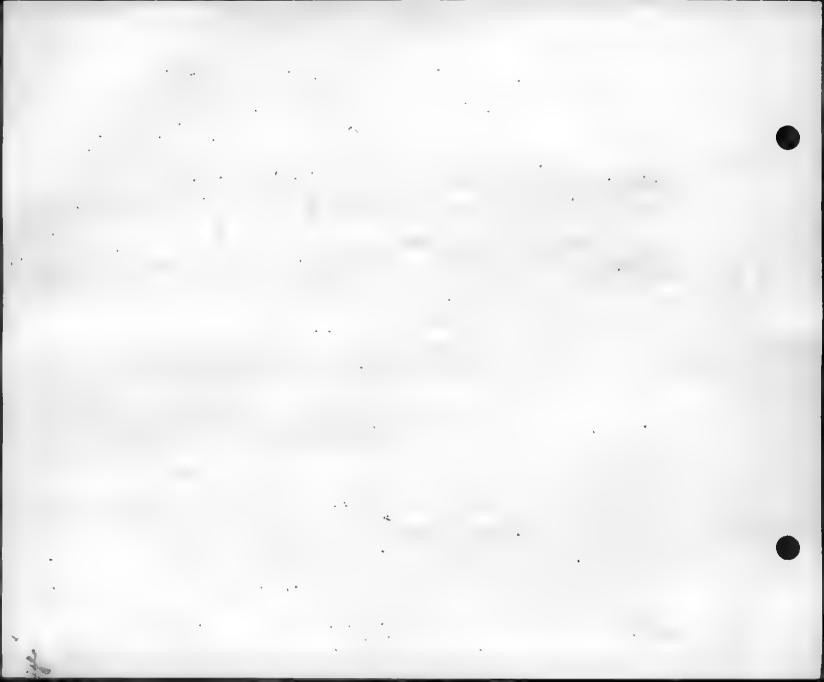
7.67.67.4	V	CEKI	IFICATE OF DEATH		04461		
I. DECEASED-NAME	First	Middle	Last	20. DATE OF DEATH	2b. HOUR		
(Type ar print)	herepa	Gold.e	Rothshild	Month	Doy Year 952		
3. SEX	4. RACE	\	S DATE OF BIRTH	6. AGE (In years	F JNDER I YEAR IF UNDER 24 HRS		
Female	w	nite	10-19-5	lost buthday)			
70 BIRTHPLACE (State or foreig			RRIED NEVER MARRIED	9 COUNTY OF DEATH			
country) Mass.	45	YA WIDO	OWED DIVORCED	Montgo	mery M		
ID. CITY OR TOWN OF DEATH	11 N	NAME OF HOSPITAL OR INSTITUTION	N (If not in haspital 12a USU	AL OCCUPATION (Kind of work of	one 126 KIND OF BUSINESS OR		
Tahoma I	give	street address	during m	iost of working I fe, even if retir	ed) INDUSTRY		
13a USUAL RESIDENCE (Where	deceased lived, if institu				R		
odmission) STATE)	13b COUNTY	teomery To	homa Park YES N	יש דרדר 🗆 יש	eple Avenue		
14. FATHER'S NAME First	Middle	Łost	IS MOTHER'S MAIDEN NAME				
Da	vid	Eisen	F	rieda	Lester		
16m WAS DECEASED EVER IN II	S ARMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORMANT	\ Addre	255		
Yes, no, or unknown) (If y	as give war or dates of service)	Unknown	Record 3 -	washington S	Danitarium + Hospit		
18 CAUSE OF DEATH (En	ter only one couse per f				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS	CAUSED BY:	RESPIRATO	RY FAILURA	<u> </u>	2 DAYS.		
1250		AS A CONSEQUENCE OF ,					
Conditions, if any, which	gove)	CARCINE	MATOSIS		/ MO.		
rise to immediate cause stating the underlying c	(0).(AS A CONSEQUENCE OF					
last.	(c)	CARCINO.	MA OF	COLON	YR.		
PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)			
z							
190. DATE OF OPERATION JAN 1967 210 ACCIDENT WAS UND	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING						
B NAN 1967	JAN 1967 CA OF COLON RESECTED YES NO BY CAUSES OF DEATH?						
			21c HOW INJURY OCCURRED (Ente	er noture of injury in Part 1 or Pa	ort 2, Item 18.)		
OR CONTRIBUTING CAUSE		. Manth Day Year					
■ ■ ZId. INSUKT DCCURRED	21e. PLACE OF INJURY	(AT HOME FARM, STREET, FACTORY)	21f. LOCATION Street or R.F.D. No	City ar Town	County State		
at work — at work							
22a. I certify that (l) (this hospitol) gt	tended the deceased fro	m 2-29 , 19	60, to 3-15	, 19 <u>68</u> , that (I) long long to date and hour ond from th		
saw the deceas	led alive an) (did nat) view the body	⊅, and that in (my) (••••) op ofter death	inian deoth occurred an th	ie date and hour ond from th		
22b_StGNATURE	10010, (1) (4.7)	D .	M. D.		22c DATE SIGNED		
Viveal 8	- R /	Smith	ATTENDING (MED. STAFF PHYS.	3-16-68		
22d. PHYSICIAN'S	00.	2 5 ,	22e. ADDRESS				
NAME (Type)	WIGHT K	P. SMITH	800 8 ERS	HING DR	SIL. SIG. MD.		
23g BURIAL, CREMATION,	23b DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)		
REMOVAL (Specify) Brunial.	3-17-68		fiore Cemetery	Pinelawn			
24. FUNERAL DIRECTOR DONG	ald M. Stei	n ADDRESS 232	Carroll 250. REC'D	BY REGISTRAR 256 REGIST	RAR'S SIGNATURE		
Hebrew Memori	al Funeral	Home St., NW,	Wash.DC DATEMA	R 18 1968	and I want		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

Page



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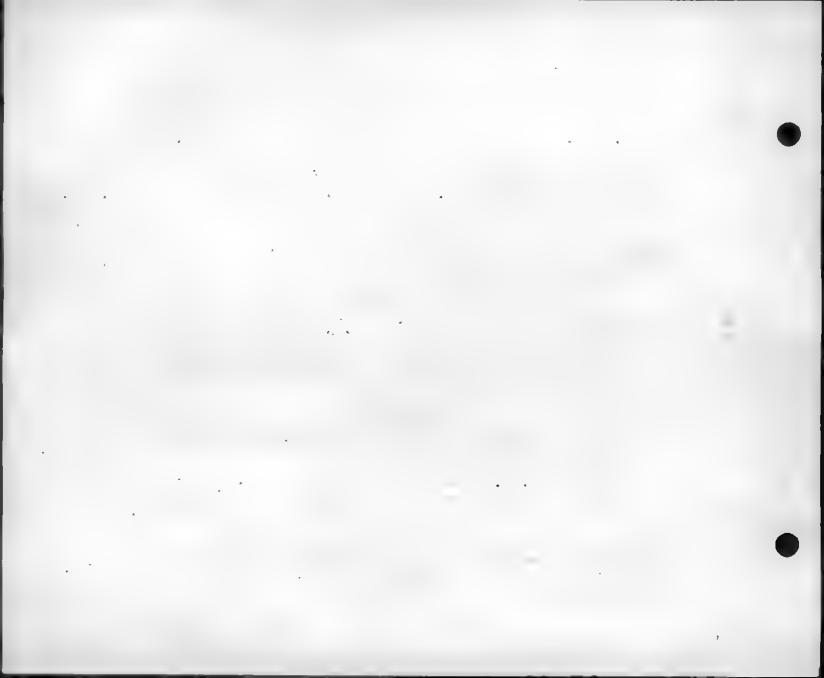
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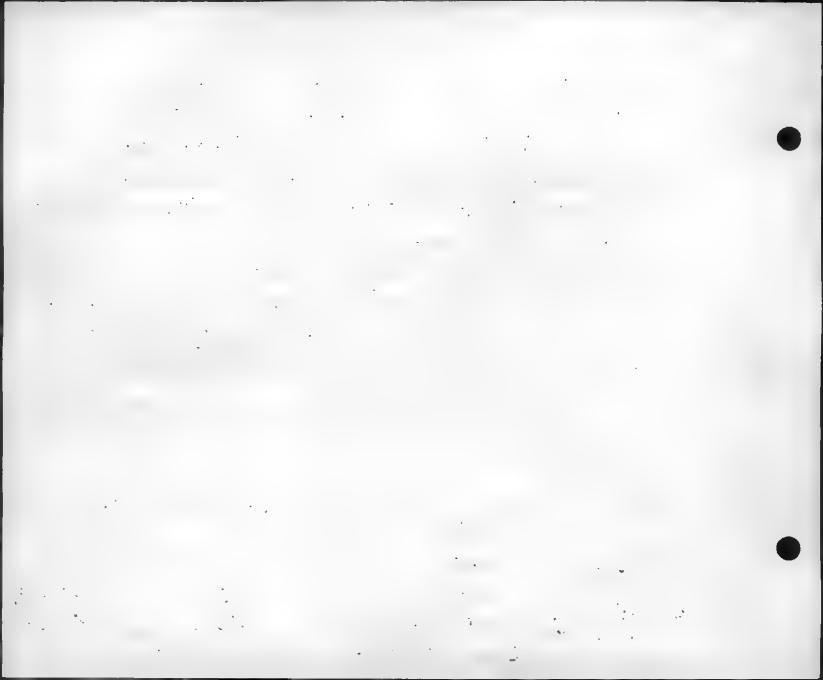
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7	1	MARYLAND STATE DEPARTMENT OF HEALTH						
FOR CTATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH CEASED-NAME First Middle Lust Do DATE KNOWN A Month Day Year 12b HOUR						
HEALTH DEPT.		OF FCEL						
3 4 5 5	3 5	Stain mate 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
deloy and 3		lust birthday) MONTHS DAYS HOURS MIN Month Doy Year						
E 25 15 1	_	PIBLE WHITE 7/10/00 59 YRS 3 27 19 68 3: 75P RITHPLACE (Stote or foreign 76. CTIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7 COUNTY OF DEATH						
		widowed Divorced Montgomery Md						
Poges	10. (CRY ON IOWN DEDEATH IT MAME UN MOSPITAL ON INSTRUCTION IT GOSDAGE 120 USUAL OCCUPATION FRIEND OF WORK GODE 1120. KIND OF BUSINESS UN						
hours after death Item 18. Give Page Office along with 1 and 2 with the btd after death		Silver Spring gve street address) Holy Cross Hosp. during most of working life, even if retired.) INDUSTRY						
18. Give along we with the death	130	130 USLA, RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 13e STREET AND NUMBER						
V = 2 P		drussion) STATE Maryland 13b COUNTMontgy. Sil. Spr. YESX NO 10204 Bieber Bl. S.S.						
hours Item Diffice 1 and 2	14. 8	ATHER'S NAME First Middle Lost TS MOTHER'S MAIDEN NAME First Middle Lost						
24 ris C r		Charles Ruppert Martha Barchett						
within 24 pencl in xaminer's ile pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? Obs. no. pr unknown) Obs. Social Security No. 17 Informant Wife, ADDRESS 10204 Bieber Pl. Sil. Spr., Md.						
wif n per Exan File	-	APPENYMATE INTERVAL						
be executed v "pending" in lief Medical Ex InsiPpermit. Fi event within		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY:						
be executed "pending" ii f Medical iist Medical iist msitemit.		IMMEDIATE CAUSE (a)						
"pen "pen nief M ansi P l		Conditions, If any, which gave) DUE TO, OR AS A CONSEQUENCE OF (
vard " he Chi al-trar		rise to immediate cause (a), stating the underlying cause (DUE TO, OR AS A DONSEQUENCE OF						
shauld be e ne ward "per o the Chief I burial-transite		lost. (Chest with Internal Hemorehae						
MINER: This certificate should be executed within 24 the certificate, writing the ward "pending" in pencl in 4 should be farwarded to the Chief Medical Examiner's in files. In files. In 3 should be used as a burial-transit permit. File pages each within 72 hours imatian, ar remayal, and in any event within 72 hours.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
fing ridec	×	, y						
te, writing te, writing farward as used as remayal,	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?						
MINER: This where certificate, a should be far files. e 3 should be u mat.an, ar rem	RIFF	TES NO DO						
iffice of the state	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 1 HAND 3 77 6 21c May WIDE OCCUPRED For got of the property of							
EXAMINER: 1 ute the certific age 4 should b your files. Page 3 should	MEDICAL	CAUSE OF DEATH 3 EN 3-2/1968 ran over Secessod's thest						
AMII e the e 4 sl our fi age 3	=	21d N. LRY OCCURRED 21e PLACE OF INJURY (At home, form, street, while MOT WHILE AT WORK AT WOR						
ICAL E: executor Page for Page for CTOR: F		22a. I certify that Look charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my opinion						
please e director retained DIRECTOR	death resulted from Natural couses . Accident Suicide . Homicide . Undetermined monner .							
		ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE						
3 5 8 7 K		SIGNATURE COMMENTS AND A COMMENT AND A COMMENT AND A COMMENT AND A COMMENT AND A COMMENT AND A COMMENT AND A COMMENT AND A COMMENT AND A COMMENT AND A COMME						
o DEPUTY necessary, p the funeral of 5 may be re o FUNERAL Health prior		NAME (Type) BELDEN (EAFM.D ADDESSELLELY GOOD) (county)						
5 = F = F = F = F = F = F = F = F = F =	23a	(BURIAD CREMATION. 23b DATE / 23c. NAME OF COMETRY OR CREMATORY 23d LOCAT ON (City of Town) (County) (Stote)						
10		REMOVAL (Specify) 3 2962 Partlawn (em. Roekvilla Mo						
36	24	FUNERAL D.RECTOR ADDRESS 250 REC D BY REG STRAR 256 REGISTRAR'S SIGNATURE						
VR A15ME 5/ 10M REV 1/8	1	U. W Chambers to dre 14 Ment Chapartet DAILAPR 3 1968 Kliverton Jung						
,		mw.						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 4 & 5 Film G398 3/13/68 kkCERTIFICATE OF DEATH DECEASED NAME First Middle Last 26. DATE OF DEATH 2b HOUR and 2 death. (Type or print) Month SAAR MAIRNIA 1968 March F. JNOFR 1 YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 6 AGF (In years lost birthday) MONTHS OAYS HOURS White 4-18-19/18 1919 Male 7o. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED papers. Montgomers DIVORCED [States WIDOWED [7] requires that the death certificate be mancoted within 24 physician and campletely filled en please remave carban pape within 120 USUAL OCCUPATION (Kind of work done) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY 130 USUAL RESIDENCE (Where deceosed lived, finist fution, Residence before 130 CITY OR TOWN 130 MISION 130 STREET AND NUMBER) Pakoma Park YES NO Brookmoor Dr. S.S and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST SARY 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT [(If yes give wor or dates of service) Yes, no, or unknown) 5 77-12-7681 Patien or remaya APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) crematian, Conditions, if any, which gove) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the has been prigr1 20b JE YES WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY2 CAUSES OF DEATH? YES (Z) NO F use 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No 21d INLURY OCCURRED County Stote City or Town While Not while of work O FUNERAL DIRECTOR: After 1967, to meets 6, 1968, that (1) (wet last 22a. I certify that (I) (this hospital) attended the deceased from Alphi. saw the deceased glive an 1968, and that in (my) (our) apinion death accurred an the date and haur and from the be retained shauld causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING , page 3 be filed DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) KIMBLE director, shauld 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. LOCATION (City of Town) 23b. DATE REMOVAL (Specify) 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR DATE MAR VR A15 (4) // 30M REV 1388





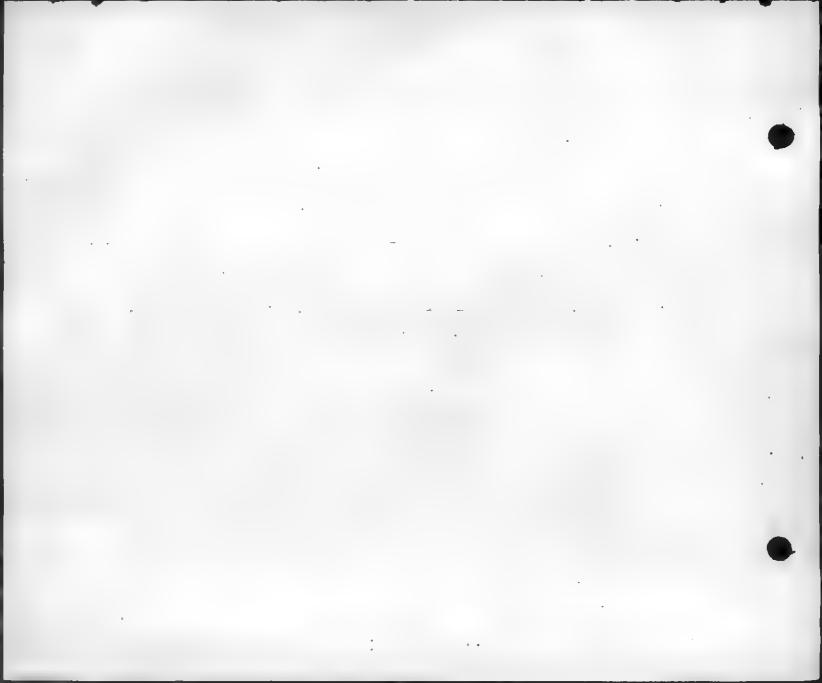


and 2 death; death; death, An by the fu S. Tages Cours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Heaith prior to burial, cremation, or removal, and in any event, within 72 years. TO HOSTITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician. 0 11.37 525

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- VERTITION	IL VI PEATI						
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
Nontgomery	a. STATE b. COUNTY						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1)	Maryland Montgomery c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						
write RURAL and give nearest town)	Silver Spring						
Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	-TTAGE -MITH						
10709 Glenwild Road	10709 Glenwild Road YES NO X						
3. NAME OF First) Middle	Last 4. DATE Month Day Year						
(Type or print)	0F M						
	8. DATE OF BIRTH 19. AGE (In years I F UNDER 1 YEAR I) FUNDER 24 HRS.						
TO	last hirthday) Months I Days Mours Min						
WIDOWED DIVORGED	10-19-1910 57 yrs. Months Says Hours Mill.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
At Home	New York U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William C. Byam	Clara Bingham						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address						
(Yes, no, or unkown) (If yes give war or dates of service)	- 4 C C T1 757 C						
Alvin A. Sarra - See Item No. 2.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: 1 My otrop1	C Latiral Sciences 4 years						
1.34×0 DUE TO	0						
Conditions, If any, which (b)							
gave rise to immediate							
underlying course test							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	TATED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY						
TAKE TO THE STORY TO AN TO THE TOTAL TO SEAL BUT NOT KE	PERFORMED?						
3561	YES NO						
TELEVIAL ACCIDENT WAS UNDERLYING TO THE 20th DESCRIPE HOW INJURY OF	CURRED. (Enter nature of Injury in Part I or Part II of Item 18.)						
101	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)						
Hour a.m. While Not While	tory, street, office bldg., etc.)						
	Wed all Mar Ded Comment						
	21. I certify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (we) last						
	at death occurred at 17M, from the causes and on the date stated above.						
22a. SIGNATURE 22b. DATE SIGNED							
	D. PHYS. DIRECTOR PHYS. 11/4 /C.						
22d. PHYSICIAN'S NAME (Type)	1) 22d. ADDRESS / O.E. 20 GOVT / CO GOLD						
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 DITUCE Spile Chiefe						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d/ LOCATION (Eity, town or county) (State)						
REMOVAL (Specify) 3-16-1968 Cook Cemet	ery Oneonta, N.Y.						
24. FUNERAL DIRECTOR ADDRESS A SIGNATURE 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Joseph Gawler's Sons, Inc. \$130 Wisc. Ave. NW. DATE MAR 1 4 1968							
35.11 - 2 - 2	DATE WAR 1 4 TOPO #						



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH SCHARREN DECEASED-NAME 20. DATE OF DEATH Fifst M ddle 2b HOUR death. (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS within 72 hours after last burnday) MONTHS HOLRS Em The law requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stots or foreign 76. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH NEVER MARRIED Chicago signed by the attending physician and campletely filled in burial-transit permit. Then please remaye carban papers. DIVORCED T WIDOWED 5 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPA 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street address INDUSTRY 10m A Home event, 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES TH NO burial, cremation, ar remayal, and in any 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME FIRST Middle uaston 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEGURITY NO 17 INFORMANT Address Yes, no, ar unknown) 22 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) r this certificate has been si detached far use as the b te Dept. of Health prior ta b 19a, DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO YES [Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor (If either, notify medical examiner) P.M detached directar, page 3 shauld be detache shauld be filed with the State Dept. 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY.) 215. LOCATION Street of R.F.D. No. 21e PLACE OF INJURY City or Town County State While Not while at wark Wynefi 3319 68, that (1) O FUNERAL DIRECTOR: After 226 SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS. DEGREE PHYSICIAN S MAME (Type) 22e. ADDRESS 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Fown) 23a BURIAL, CREMATION (County) REMOVAL (Specify) 3-27-68 Beallsville Reallsville Mont. 24. FUNERAL DIRECTOR ADDRESS 2Sa REC'D BY REG STRAR 25b. 1968 VR A15 (4) Francis H. Barber DATEMAR Laytonsville, Md. 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH SCHWIGERT DECEASED NAME First 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. (Type or print) HELEN T. 3, SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 3. AGE (In years Ast birthday) 1/28/87 White Female 7a. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT-COUNTRY? 9 COUNTY OF DEATH 8 MARRIED | NEVER MARRIED | Montgomery DIVORCED [WIDOWED ST 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street addres Suburban HOSPITAL during most of working ife, even if retired.) the attending physician and campletely resist permit. Then please remave carban matian, as remaval, and in any event, with Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d HISIDE CITY LHAITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 21 O RHODE ISLAND AVE., N.E. 14. FATHER'S NAME 16b SORFAL SECURITY NO INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Loknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH Pulmonary 2 40 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave t Meum May 14-68 r se ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes arterioselirotek Cardio Vascula Disco-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior tal O FUNERAL DIRECTOR: After this certificate has been Crebne Thrombosis - 1963-20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES | 21a. ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 0 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from Mary 1963, ta 25 31, 1968, that (I) (we) last saw the deceased alive an Mary 31, 1968, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did-not) view the body after death. directar, page 3 sha shauld be filed with 22b SIGNATURE 22c DATE SIGNED ATTENDING MED.
DIRECTOR mar 31-1968 22d. PHYSICIAN & 22e ADDRESS JAMES E. NOLAN NAME (Type) 23b DATE 235 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. BURIAL (Specify) HRLINGTON NAT. CEM. ARLINGTON, 24. FUNERAL DIRECTOR

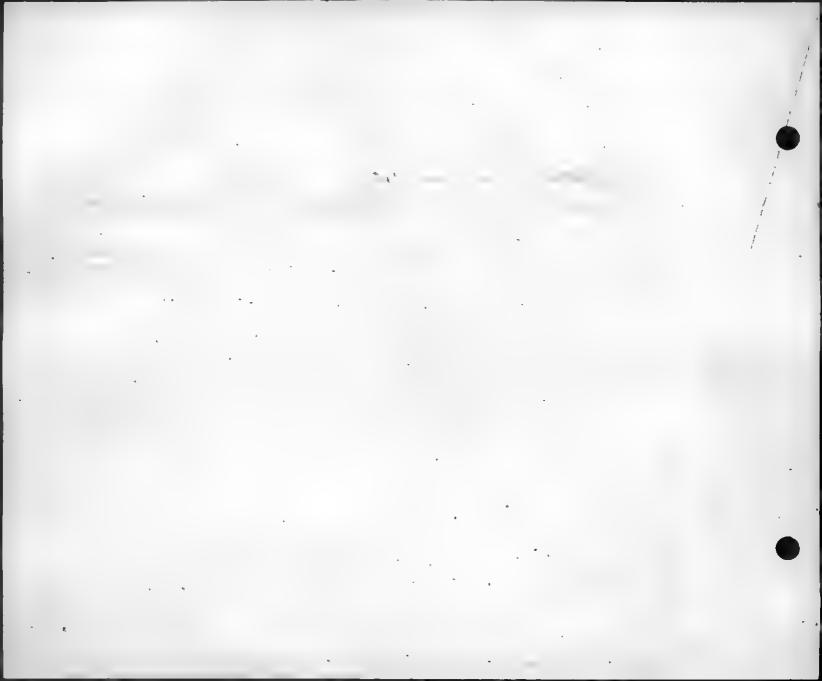
5130 WIS CONSIN AVE, NW 250 RECD BY REGISTRAR

5056 PH GAWLER'S SONS WASHING FON, D. C., DATE APR 5 VR A15 (4) Villanes Judge 30M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ZUN Middle last 2n DATE OF DEATH DECEASED-NAME 2b. HOUR First death. (Type or print) era Yeor ourse 3 SEX 6. AGE (n years IF JNDFR 1 YEAR IF UNDER 24 HRS. last birthdoy) MONTHS DAYS *-emale* 7-23-49 within 72 hours The law requires that the death certificate be executed within 24 haur 7a. BIRTHP_ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) and campletely filled in remove carban papers. DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) Wor home event, 130 JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY & MITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY and in any 4. FATHER 5. NAME IS. MOTHER'S MAIDEN NAME FIRST Middle Waldron Bertha L. oseph please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown): (If yes give war or dates of service) Mrs. Mark L. or removal, 78-09-1352 Lunningham signed by the attending phy burial-transit permit. Then 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) DETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 30 HOURS FREBRO WASC ULAR burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) HROMBOSIS OF BASILAR rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause ATHEROSCLEROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal attending has been 19g. DATE OF OPERATION 20ó. AUTOPSY? 206 JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use (Health p NO X YES 🔲 'O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year haspital P.M. (If either, natify medical examiner) detached 21e PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY 21d IN. JRY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this-hospital) oftended the deceased from 1955, to MARCH 8, 1968, that (I) (we) last saw the deceased alive on MARCH 8, and that in (my) (ew) opinion death occurred on the date and hour and from the g Q be retained should causes stated obave, (1) (we) (did) (did not) view the bady ofter deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING directar, page 3 shauld be filed v M. D DEGREE DIRECTOR SPRING 22d. PHYSICIAN'S 22e ADDRESS 1015 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) Port Lincoln Cemetery Prince George County 25a REC'D BY REGISTRAR ADDRESS GEORGIA 25b. REGISTRAR S SIGNATUR VR A15 (4)\ 30M REV 1/68 DATEMAR 1968 Silver Spring.

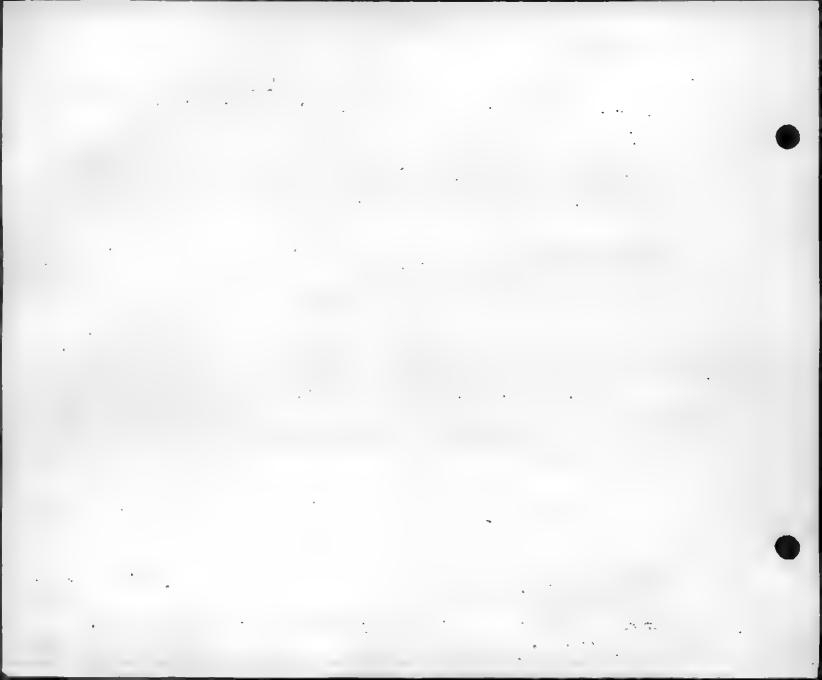


4308 Suitlang Road, Suitland, Maryland

1968

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68



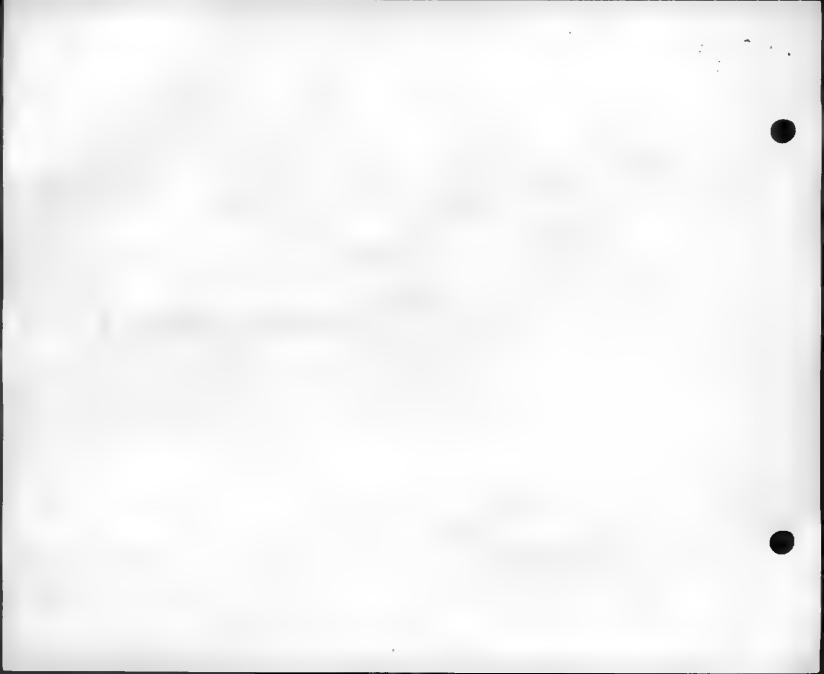
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED: NAME First M ddle Lost 2g. DATE OF DEATH 26 HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) Month Albert N. Senseney March 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF UNDER ILYEAR last birthday) signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, cremation, ar remaval, and in any event, within 72 hours aff Male White Aug. 18, 1891 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (guntry) Washington, D.C. WIDOWED [U.S.A DIVORCED Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF give street address)
9005 Sugarloaf Dr. during mast of working life, even if retired) **INDUSTRY** Damascus Inspector - State of Maryland DE CITY UMITS? 13e STREET AND NUMBER 13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE Maryland 9805 Sugarlbaf Dr Damascus 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Charles Senseney A . Emma Davidson 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) Mrs Mamie O. Senseney, Damascus. 212-24-4402 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pneumonia hours DUE TO, OR AS A CONSEQUENCE OF Pulmonary Fibrosis and Emphysema Conditions, if ony, which gave) 10 yrs. rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Lymphoma of hilar nodes about 5 years ago treated with radiation. ar attending as the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO P YES 🖂 shauld be detached far use O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f, LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) this hespital attended the deceased from 1955 19 , to Mar 22 , 19 68 , that (I) to the deceased from the deceased from the deceased alive an Mar 22 19 8 and that in (my) (our) opinion death accurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22c, DATE SIGNED 3, 1967 22b. SIGNATURE ATTENDING MED DIRECTOR directar, page 3 shauld be filed v DEGREE PHYS. 8100 Toll House Ave. Frederick Md Gilcin F. Meadors, M.D. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (State) REMOVAL(Specify) March 25.1968 Clagettsville, Md. Montgomery Meth. 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAR Olin L. Molesworth. Damascus, Md. 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME First death death the feneral (Type or print) 3. SEX AGE (n years 'last putholog) OF JINDER 1 YEAR IF UNDER 24 HRS low requires that the death ceptificate be executed within 24 hours after hoursoff MONTHS 9 COUNTY OF DEATH signed by the attending physician and completely filled in by buriol-transit permit. Then please remove carbon papers. 70 BiRTHPLACE)(State or foreign country) hin 72 DIVORCED WIDOWED 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF-DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of give street address) INDUSTRY event, wit 3a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 14. FATHER'S NAME S MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown? I (If yes give war or dates of service) or removal, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL be retained by the haspital or offending prior to O FUNERAL DIRECTOR: After this certificate hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? D.N.A. YES T for use 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Doy Year (If either, notify medical examiner) 210 PLACE OF NULLEYS (AT HOME FARM, STREET, FACTORY OFFICE BUILDING ETC. Street or R FAD No 21d. INJURY OCCURRED 21f LOCATION County Stole City or Town While Not while at work 22a I certify that (I) (this haspital) attended the deceased from 71.00 //, saw the deceased olive an 3/3/196 X, and that in (my) ____1962 X, and that in (my) (our) opinion death occurred on the date and hour and from the plnous couses stated abave, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING DIRECTOR PHYS 22e, ADDRES9 22d. PHYSICIAN S NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b. DATE (Caunty) 23d BUR AL, CREMATION, Cowansville BENGYA (Specify) Cowansville Cem. ADDRESS 250 REC'D BY REGISTRAR VR A15 (4) Lee Funeral Home Washington, D.C. 30M REV 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME 2a. DATE OF DEATH (Type or print) Sheehan 6 AGE (in years 3 SEX 4. RACE S. DATE OF BIRTH IF LINDER I YEAR requires that the death certificate be executed within 24 hours after lost birthday) HOURS Dec 9, 1876 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED (vrianua) WIDOWED DIVORCED 120 USUAL OCCUPATION Wind of work depo 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital, 12b KIND OF BUSINESS OR give street address)
7505 Den avou event, wit 13o USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CTY OR TOWN remove 14 FATHER'S NAME Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s). PART I DEATH WAS CAUSED BY - HAMEDIATE CAUSE (a) arterioselerosis + thrombosis (onditions, if any, which gave) rise ta immediate cause (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) stached for use as the Dept. of Health prior to **ンング** 7 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? 19e. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (f e ther, notify medical examiner) State 21e PLACE OF INJURY (AT HOME FARM, STREET, PACTORY) 21f LOCATION Street or R.F.D. No. County 21d. .N.URY OCCURRED City or Town 22a. I certify that (I) (this hospital) attended the deceased from Bicoust 5 , 1958, to March 19, 1968, that (I) (we) last saw the deceased alive and last 19 1968, and that in (my) (ver) apinion death accurred an the date and haur and from the FUNERAL DIRECTOR: AF director, page 3 should should be filed with the causes stated above, (1) (we) (aid) (aid set) view the body after death. 22b SIGNATURE DIRECTOR 22d PHYS CIAN S 22e ADDRESS 8601 C/d Goorgetown Rd. Bethesda Md Allew J. O'Neill. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b DATE 23a BLRIAL CREMATION, Burial St. Bridget's Cemetery Easthampton, Mass. 2So REC'D BY REGISTRAR PUMPHREY. Bethesda, Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH Month 3/ Doy 196 Peor (Type or print) Sherwood de 550 KAR 3. SEX S DATE OF BIRTH IF LINDER 24 HRS 4. RACE 6. AGE (In years last birthday) 7a BIRTHPLACE (State or fore-gn 9 COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED WIDOWED | DIVORCED [11 NAME OF HOSPITAL ORANSTITUTION (if not in nospital, 120. USUA. OCCUPATION (Kind of work of give street gadgess) Color is talk in a warf of during most of work ng life, even if retired) 10 CITY OR TOWN OF DEATH 13g USDAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 10803 E. Nolcy 20 Montsomery Silver Spring YES IS MOTHER'S MAIDEN NAME First 14 FATHER S NAME Middle Sherwood Lewis Sarah Kidwell 16b. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 12 INFORMANT Yes, no, of poknown) (If yes give war or dates of service) 578-09-68124 Mrs. Carrie Sherwood 10803 E. Nolcrest 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. ConexStive IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO TO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work at work 22a. I certify that (I) (this haspital) attended the deceased fram 3/26 , 1964. ta 3/31 , 1964, that (I) (we) last saw the deceased alive an 3/30 1966, and that in (my) (con) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (disast) view the bady after death. 22b SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYSICIAN'S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Erry or Town) 230 BURIAL, CREMATION, 23b DATE (State)

Jairtax Cemetery

gaintax

25a. REC'D BY REGISTRAR

Pairtax

VR A15 (4) 30M REV 1/68 Burral (Specify)

24 haurs after deoth

: The law requires that the death certificate be executed within

offer design

completely filled in by the funeral love carbon papers. Pages-1-and

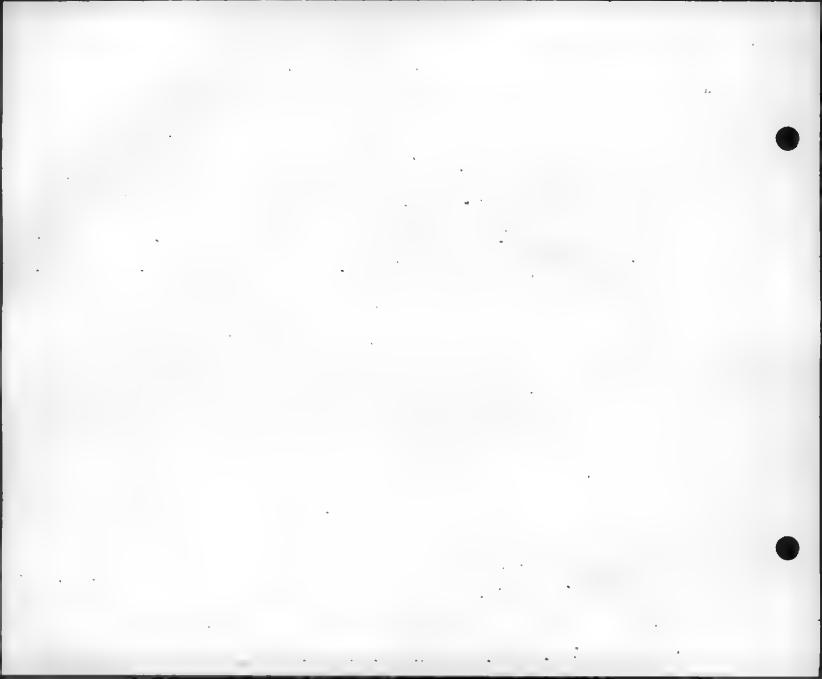
transit permit. Then please remove carbon papers Po cremotion, or removol, and in any event, within 72 hours

ottending physicion permit. Then please

signed by the burial-transit p

Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1

burial, a

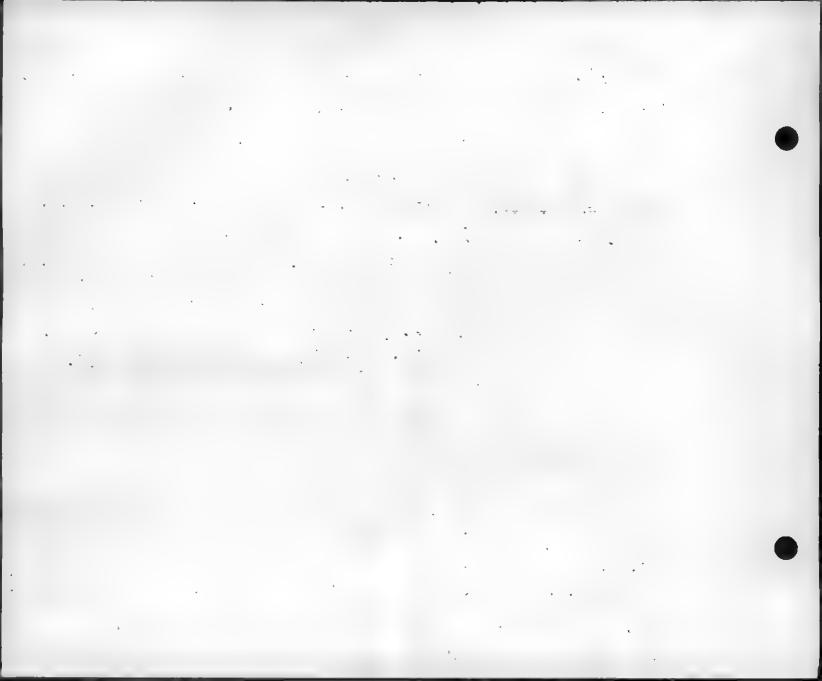


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 2o. DATE OF DEATH 2b. HOUR * Lost deoth (Type or print) Month 4. RACE 5 DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS. 3 SEX 6. AGE (In years lost birthdoy) HOURS male event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED papers. physician and completely filled in D:VORCED requires that the death certificate be executed within 24 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION alkind of work done 12b. KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, evertif retired) INDUSTRY en please remove corban Tresda 130 JSJAL RESIDENCE (Where deceased fixed, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET AND NUMBER odmiss on) STATE 13b COUNTY ond in ony 14 FATHER'S NAME bnert ORE 160 WAS DECEASED EVER IN ... S. ARMED FORCES? 146. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] or removal, add same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)] BETWEEN ONSET AND DEATH permit. PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremation, Conditions, if only, which gove) burial-tronsit MULLINUAL rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse hears 620m a211 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) os the prior to t O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [detoched for use of Health the hospital or 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOJR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that () (this hospital) attended the deceased fram CCT- , 1967, ta 3/7 Feb 24 1965, and that in (my) (our) apinion death accurred an the date and hour and from the saw the deceased alive an_ be retained shauld causes stated abave, (1) (we) (did) (did-not) view the bady after death 22b. SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR abod 22d. PHYSICIAN'S 22e, ADDRESS director, po should be f Dr. Thomas E. Curtin NAME (Type) CONNECTION AVENN NUSLA 23d LOCAT ON (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL, CREMATION, (County) REMOVAL (Specify) Washington D.C Mt. Olivet Cemetery Burial 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR oseph Gawler's Sohs. VR A15 (4) Inc. Wash . D.C. 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a DATE OF DEATH 2b HOUR haurs after death (Type or print) 4. RACE IF UNDER T YEAR 3. SEX 6. AGE (In years lost birthday) HOURS MONTHS temale 7b. Cit ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign WIDOWED DIVORCED Gerandina 120 physician and camplehaly filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Within during most of warking if e, even if retired) INDUSTRY remove carban none 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIMITS? law requires that the death certificate be executed 1611 Park Rd. N.W. Washington. 1611 Po 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Unobtainable 11125 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address Veazey Yes, na, ar unknown) (If yes give war or dates of service) John H. Shouse-3806 St. N.W. washing ton, - CAPAROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Canditions, if any, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO T 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. IN. URY OCCURRED 21e. PLACE OF INJURY City or Town County State White Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 7-24, 1964, ta 3-5, 1964, that (I) (see last saw the deceased alive an 3-4, 1968, and that in (my) (aur) aprinion death accurred an the date and haur and from the Couses stated abave (1) (we) (did) (did not) view the bady after death 22b. SUGNATURE 22c, DATE SIGNED ATTENDING DIRECTOR 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 9241 Columbia Blvd. Silver Spring, G.F. Serrstack directar, should b 23d. LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) burial Suitland, Md. Cedar Hill Cemetery 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC D BY REGISTRAR VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

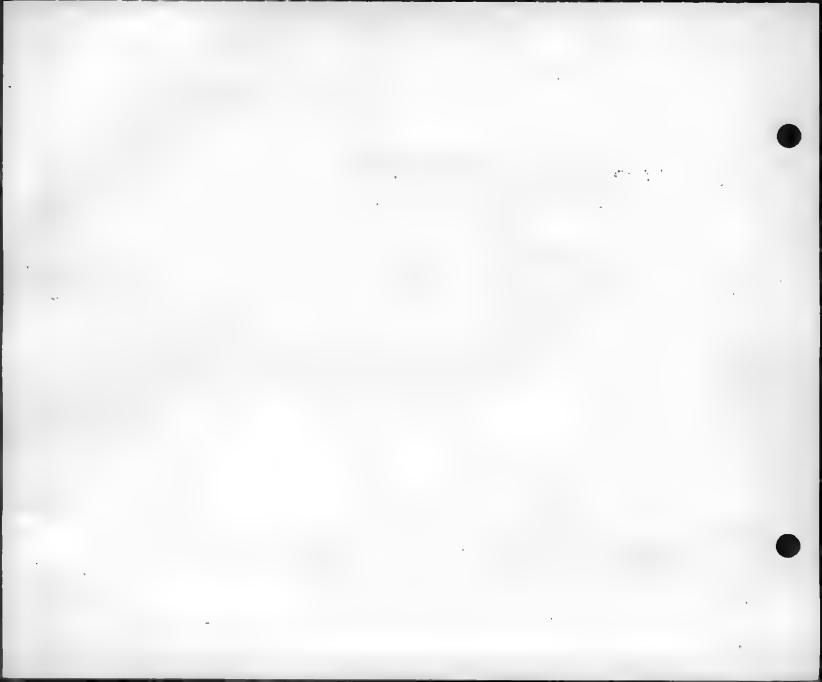


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR the attending physician and campletely tilled in by the funeral sit permit. Then please remave carbon papers. Pages I and 2 24 hours after death (Type or print) Yeor EDUTN SKIDMORE burial-transit permit. Then please remave carbon dapers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after 4 RACE S. DATE OF BIRTH 3. SEX 6 AGE (In veors F JNDER 1 YEAR lost birthdoy) MONTHS HOURS 7/1/03 Male White 61 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED K NEVER MARRIED country) MIDOWED DIVORCED [New Jersev Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCLPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Montgomery General Olnev Salesman Paper 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY JUNETS? 3e. STREET AND NUMBER reavires that the death certificate be executed odmission) STATE 13b. COUNTY NO-Je Laisure Wrld. Silver Spr 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Skidmore Frank Anna Cavanus 160, WAS DECEASED EVER IN U.S. ARMED FORCES? TABLESOCIAL SECURITY NO. 17 INFORMANT Medical Records depter of Yes, no, or unknown) (If yes give war or dates of service) Montg. General Hospt., Olney, Midden WHERVAL 3B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) signed by the burial-transit p Conditions, if ony, which gave a rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION has been s se as the E th prior ta b Page 4 may be retained by the haspital or attending 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? deler for use YES 🗍 NO 7 this certificate 21of ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBLTING CALSE OF DEATH HOUR AM. Month Day 3 shauld be detached f with the State Dept. af I P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. State City or Town County While Nat while at work 22a. I certify that (1) (thus haspital) attended the deceased fram May 5, 1961, ta March 1, 1965, that (1) (we) last saw the deceased give on March 1965, and that In (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After director, page 3 shauld be a should be filed with the State couses stated above, (1) (we) (did) (did-not) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHOYSICIAN S 22e. ADDRESS SOW. EDMONSTON NAME (Type) RULKURLES 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 235. DATE (County) Mar.5,1968 PREMOVAL (Specify) St. Johns Queens Co., Long Island, N.Y. 24. FUNERAL DIRECTOR Harry H. Witzke, Columbia Pk., Ellicott City, Md. 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

VR A15 (4) 30M REV 1/68

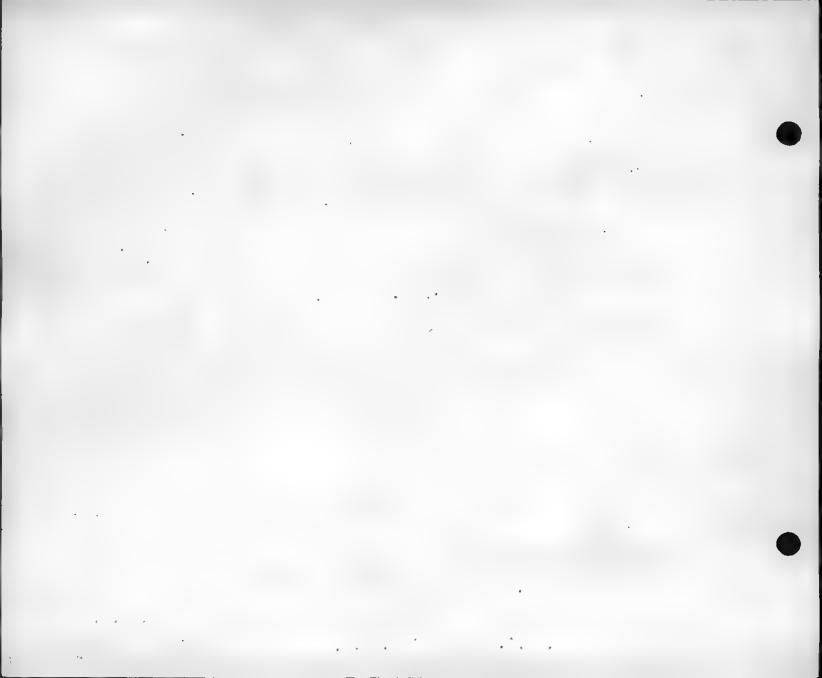


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FOR STATES	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	a 11
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	"
HEALTH VEPT.	1 DECEASED-NAME First M.ddle Lost 20 DATE KNOWN Month (Type or Print) DANTEST (NONE) CONTENTS	
3 to 3 to 3 to 15	DANIEL (NONE) SMITH DEATH MATED MACE 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in years if Linder 1 year is Linder 94 Hz 2c. DATE PRONOUNCED DEAD	111
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necessor the function of the f	NAME (Type) ADDRESS(Street, city, town, or county) 230 BLISIA (REMATION) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	Mauntal Manager
5	Comment 3-19-68 U. W. Med Med Salval Baltimore, V	(County) (State)
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	T 100 1
FOR STATE		. 4264 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4 (J) 4
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£ - 2°		PRIMARY OR CONTRIBLTING HOUR A.M.	111 10.7
INEI INEI Brhan Shan Shan artia	MEDICAL	CAUSE OF DEATH P.M 19 21d. INJURY OCCURRED 21e PLACE OF NJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
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		NAME (Type) John G. Ball ADDRESS(Street, city, town, or caunty)	
TO D rece the 5 m Fed Heal	230	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		Burial 3/5/68 Rock Creek Cemetery Washington, L.	C
	_	FUNERAL DIRECTOR The D. II. Hines Condress 250 REC'D BY REG STRAR 255 REG STRARS S	JGNATURE.
VR A15ME (5) 10M REV 1/68	-	901 14th St. N.W. Washington, D.C. DATE MAR 5 1968 July	LOS HOLLES

MARYLAND STATE DEPARTMENT OF HEALTH



MARYIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Errst Middle 2o. DATE OF DEATH Lost 2b. HOUR_ (Type or print) Fern R. Smith Marchonth 50 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER E YEAR 6 AGE I'm veors 2/28/1910 White Female 76. CIT ZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH Montgomery countryOklahoma U.S.A. DIVORCED | WIDOWED I 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Bldg. 263 Apt 70 Journa most of work nating even if retired) 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Rockville INDUSTRY 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Rockville 13s. STREET AND NUMBER Bldg 263 Ap Congressiona 13d. INSIDE CITY LIMITS? odmission) SiMaryland YES K 13b COMfontgomery 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Middle Lost Elihu Bonewell Agnes 160, WAS DECEASED EVER IN U.S. ARMED FORCES? TABLISOCIAL SECURITY NO 17 INFORMANT Yes no, or unknown) Gerald N. Smith-husband-same item 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I DEATH WAS CAUSED BY BETWEEN ONSET AND CEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗀 21o. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) PM. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from Yan, 1961. to March, 1965, that (I) (we) last saw the deceased alive an 1965, and that in (my) (eur) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (dident) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS DEGREE DIRECTOR -22d. PHYSICIAN'S 22e. ADDRESS 7720 NAME (Type) James W. Egan Wisconsin Ave., Bethesda, Md. 23d LOCATION (City or Town) (County) (Stote) Oklahoma, Oklahoma, Oklahoma, 230 BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 3/6/68 REMOYAL (Specify) 1331 Rockvandes Pake 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR

Rockville, Md. 20852

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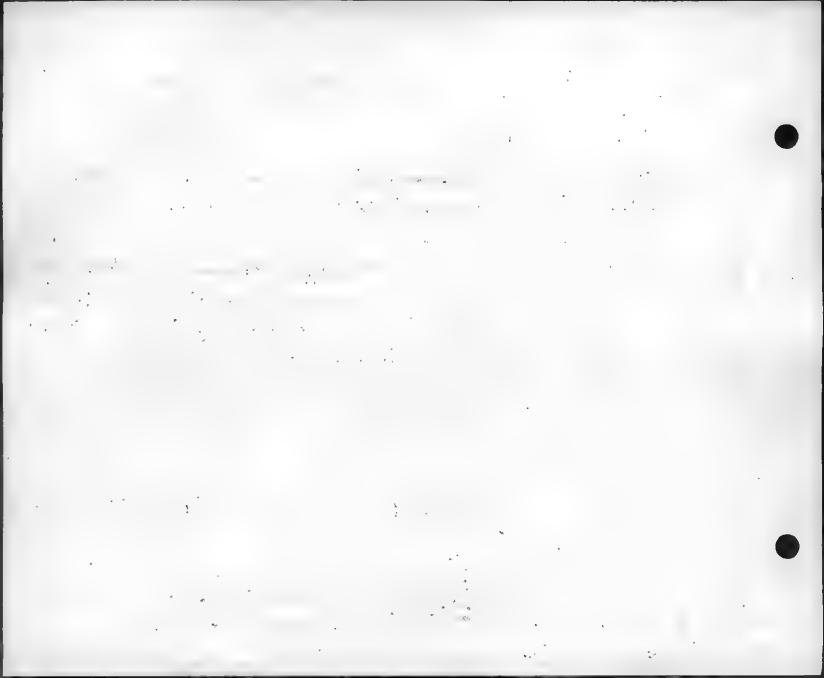
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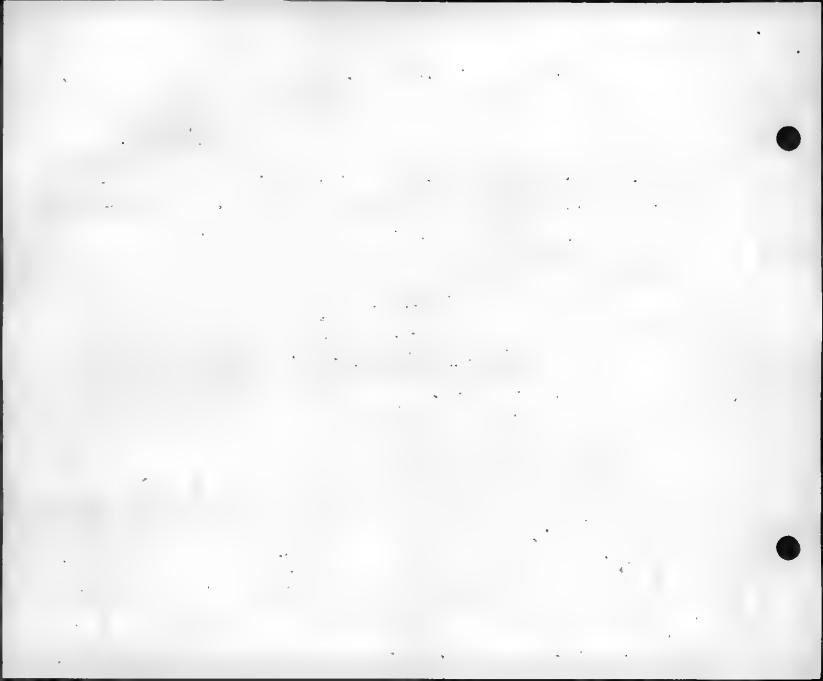


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH Losi 2b HOUR The law reavires that the death certificate be executed within 24 hours after death. er death (Type or print) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages I page burial, cremation, a removel SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthany) MONTHS HOURS 1880 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) 1 WIDOWED [DIVORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Nand of work done 12b. KIND OF BUSINESS OR during most of work ng life, even if retired) guye street oddress 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136. INSIDE CEPTLIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNT) YES TO NO F 14. FATHER S NAME MOTHER'S MAIDEN NAME First Last oRanna Me 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMANT Address Yes, na ar unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN ONCET AND GEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (0). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse to immediate couse (o), DUE TO. OR AS A CONSEQUENCE OF attending physician. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) 10 FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. of Health priar ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat whee at work þ plnous causes stated above, (1) (are) (aid not) view the body ofter death. 22b SIGNATURE 22c DAZE SIG **ATTENDING** က director, page 3 shauld be filed v DEGREE DIRECTOR PHYS PHYS O HOSPITAL Page 4 may 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) 230 BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Toyan) (County) (Stote) REMOVAL (Specify) DEORGETOWN LLAIN. MED. & 25g REC'D BY REGISTRAR DATMAR 2 6 1968 24 EUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 . and Wird O.C.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04450 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20 DATE OF GEATH First Last 26. HOJR death. (Type or print) and LOUELLA SOMER 3. SEX 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years last birthdoy) physician and campletely filled in by the en please remave carbon papers. Pager law requires that the death certificate be executed within 24 hoors 9. COUNTY OF DEATH MOINT COME 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Bulington WIDOWED [DIVORCED A 10, CITY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 130 USUAL RES DENCE (Where deceased lived, if institution: Residence before / 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First tast Rabert Luove Too. WAS DECEASED EVER IN L.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give war at dates of service) or remayal, APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave } burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed 1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE LERMINAL DISEASE OR CONDITION OF VEN IN PART HE attending p has been use as the 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? **CAUSES OF DEATH?** YES [O FUNERAL DIRECTOR: After this cartificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A M. Month Day Year P.M. (If either, natify medical examiner) 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING, ETC. White Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram_ þe 1965, and that in (my))(aur) apinion death accurred on the date and haur and from the saw the deceased alive on be retained shauld causes stated above (1) (we) (did) (did hat) view the bady after death 22b SIGNATURE 22c. OATE SIGNED ATTENDING PHYS director, page 3 shauld be filed 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) JOHN SPENCEI 23a BUR-AL, CREMATION NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Spec by) 24 JUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 286 REGISTRAR'S SIGNATURE 30M REV 1/68



	DIVISION	OF VI	MARYLANI TAL RECORDS,		E DEPARTM PRESTON STR			RYLAND 212	01				
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First Middle					Last		20 DATE OF						HOUR
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	4. RACE	WHI	TE		5. DATE OF BIG 4-9-95		6. AGE [In years IF UNDER 11			EAR DAYS	IF UNCER HOURS	24 HRS MIN	
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here deceased lived, if institution Residence before YLAND 13b. COUNTY MONTGOMERY				SPENCERVILLEYES NO 130. STREET AND NUMBER						ERVILLE ROAD			
erst O N	Mid	ldle	Lost STABLE	R	IS MOTHER'S MA	IDEN NAME F		Mic	ldle	На	LL	lost OWE 1	LL
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3. SEX MALE 70 BIRTHPLACE (Stote or MARYLA 10 CITY OR TOWN OF DEA OLNEY 130 USUAL RESIDENCE (W admission) STATEMAR 14 FATHER S NAME NEWT 160 WAS DECEASED EVER Yes-no, or unknown) IB. CAUSE OF DEAT QUENCE OF to fliver PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse IONS CONTRIBUTING TO DEATHLBUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN sexclement, Valuena CERTIFICATION 20a, AUTOPSY? 20b IF YES WERE FINDINGS CAUSES OF DEATH? YES D NO [21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, HOUR A.M. P.M. OR CONTRIBUTING CAUSE OF CEATH Manth Day If either, natify medical examiner) 21d INJURY OCCURRED
While Not while at work (AT HOME, FARM, STREET, FACTORY,) 21e. PLACE OF INJURY 21f. LOCATION Street or R F.D. No. City or Town County Stote 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased give an saw the deceased alive an. 22c DATE-SIGNED 22b_SIGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS PHYSICIAN S 22e. ADDRESS Arthur F. Woodward Reckville Md NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR AL, CREMAT ON 23b DATE (County) March 22 1968 Friends Spring Sandy

Md

priar ta burial, cremation, or remaval, and in any event, within 72 hours at **O FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and completely filled in bedirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. directar, page 3 shauld be detached far use as the burial-transit permit. The ultiple filed with the State Dept. at Health priar ta burial, cremation, or re Page 4 may be retained by the hospital ar attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours

OM REV

Barber

DECEASED NAME (Type or print)

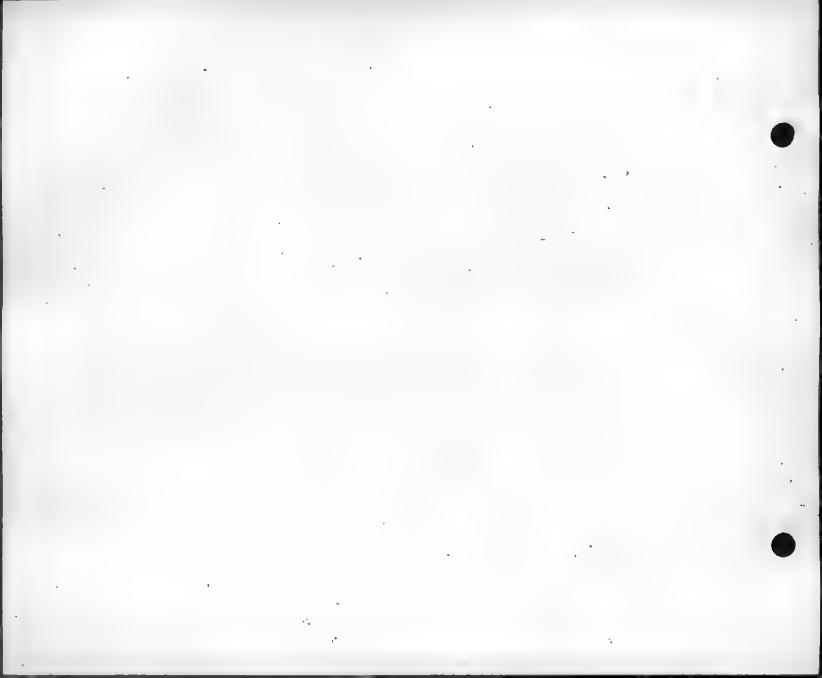
> ADDRESS Laytensville

25a. REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE

I c.t o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b HOUR haurs after death (Type or print) Month 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years F JINDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) busial, crematian, or remaval, and in any event, within 72 haurs 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) remove carban 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First 00 certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO INFORMANT Address Yes, no, or unknown) appling broth 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) death PART I DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F NO 🔲 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH by the haspital HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. AT HOME, FARM, STREET FACTORY, 1 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while at work 22a 1 certify that (I) (this haspital) attended the deceased fram Lang 25, 1968, to may 23, 1968, that (I) (we) last sow the deceased alive on may 23, 1968, and that in (my) (ever) apinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: causes stated abave, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED 22e ADDRESS NAME (Type) 230 BURIAL EREMAT ON 23 NAME OF CEMETERY OR CREMATORY JOCATION (City of Town REMOVAL (Specify) 24 FUNERAL DIRECTOR 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	230	BUR AL, (REMAT	ON, 23b D	ATE	23c NAME OF	CEMETERY	OR CREMATORY		23d+00	ATION (City or 1	own)	(County)	(State) /
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1		SIMEDAL DIDECTO		, , , , , , , , , , , , , , , , , , ,	ADDRESS		4	Leso PEC'D B	Y PEGISTRA	P 4 525h P	FGISTPAR'S	SIGNATURE J.	15-6-10

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (illeden director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon paper, should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 VR A15 (4) 30M REV, 1/68

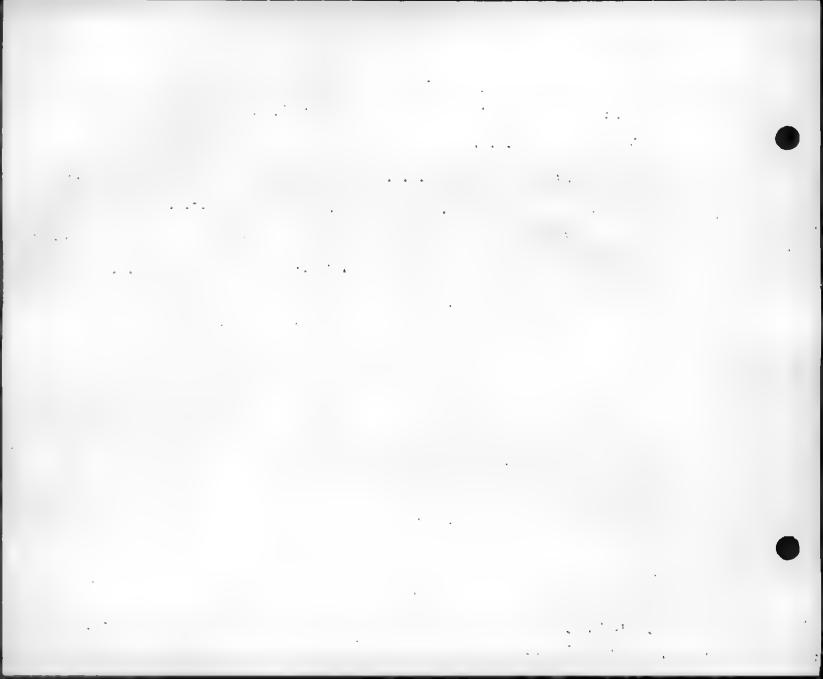
24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.

hours

papers





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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	150
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy	Year 2b HOUR
S P 8 3,		(Type or Print) BERNARD DANIEL STURGIS DEATH MATED \$ 3 14	168 NOOT M
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death bages with far he State		CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 LSLAL OCCUPATION (Kind of work done 126 KIND	OF BUSINESS OR
ve P		HKOMA PARK (1/ASH. JAN & HOSP	
hours after death Item 18. Give Pages 1, 2 Office along with farm land 2 with the State Depatter Leath.		admission) Staff O	REET, BALTIMORE, MARYLAND 21201 IFICATE OF DEATH Losi
hours tem 10 Office and 2	14 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
		BERNARD STURGIS LILLIAN	
	<u> </u>	Yes go or Linkrawn) 14462 - 1464 ROBERT JONES 6215 42ND AVE.	HYATTSR
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xecuted ading Medical Medical permit		TAKE I DEATH WAS CAUSE (a) FANK 174. DUE TO, OR AS A CONSEQUENCE OF	
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EXAMINER: cute the cert age 4 shauld your files. Page 3 shau if, cremation,	W		
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TY Y, p e Frol di Se reto Prior		ACTUAL SIGNATURE SIGNATURE ASSISTANT MED CAL EXAMINER 225 DATE SIGNED	11/10/0
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS 201 W. DESTAN STREET PAITIMADE MARVIAND 21201

Numeral 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept of Health priar to burial, crematian, or remaval, and in any event, within 72 his

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	22a. I certify that (I) (thi	s hospital) attended	the deceased for	om	19.64	, to3/2,	19 68, that (1) (we) last
	saw the deceased al	ive on	196	and that in (m	ıy) (aur) apinian	death accurred an the	date and haur and from the
		, (1) (We) (did) (did n	ot) view the body	after death.			SS NATE CONTR.
	226 SIGNATURE	1 200	,	ATTENDIT	NG MED.	STAFF C	22c DATE SIGNED
	W. Jabe	- 11/00r	-			JR L PHYS L	3/6/68
	BIAME (Time)	TARR N	MARE	220. ADD	103 2	In no a	wolkery Charle
20.				TOV OR COTHATORY	199	CATION ((aby or Tourn)	(Caunty) (State)
	REMOVAL (Specify)				b		(cathily) (state)
2.6	remation [3-]		ADDRESS		750 REC'D BY REG	SISTRAR 256 REGISTRA	AR'S SIGNATURE
1	Joseph Gawler's	Sons, Inc.	5130 Wis	sc. Ave. N	VINAMAR T	3 1968 Pelu	arilly Judges
	70 (13 a. sl 13 a. admin 14 14 14 15 16 a) 123 a	(Type or print) 3. SEX Male 70 BIRTHPLACE (Stote or foreign county) 11 fornia 10 CITY OR TOWN OF DEATH Chevy Chase 13a USJAL RESIDENCE (Where decease admission) STATE Maryland 14 FATHER'S NAME First Jerimiah Sulli 16a WAS DECEASED EVER IN as ARM Yes, no, or unknown) 18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIA Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. Cause of OEAN (If either, notify medical examination) 21d INJURY OCCURRED While Not while at work 22o. I certify that (I) (Three saw the deceased of causes stated above 22b SIGNATURE 22d. PHYSICIAN S NAME (Type) 23b. BURIAL, CREMATION, REMOVAL (Specify) 24 EUNIFAL DIPPLOTOR 25b. SURIAL, CREMATION, REMOVAL (Specify) 24 EUNIFAL DIPPLOTOR 25c. SURIAL, CREMATION, REMOVAL (Specify) 24 EUNIFAL DIPPLOTOR	J DECEASED NAME (Type or print) J A WRENCE 3. SEK Male 7. GIRTHPLACE (Stote or foreign county) 11 fornia 10 CITY OR TOWN OF DEATH Chevy Chase 13a USUAL RESIDENCE (Where deceased lived, if institution: Residentscan) 14 FATHER'S NAME First Middle Jerimiah Sullivan 16a WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (Part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause (b). Stating the underlying cause (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO (If either, notify medical examiner) 17 CONDITION FOR WHICH OPER (If either, notify medical examiner) 21d INJURY OCCURRED (II) (This hospital) attended saw the deceased drive an cause stated above, (II) (The course) (did) (did work) 22a. I certify that (I) (This hospital) attended saw the deceased drive an cause stated above, (II) (The Course) (did) (did work) 22b SIGNATURE 22d. Physician S NAME (Type) 23b. BURIAL CREMATION, REMOVAL (Specify) 23c. BURIAL CREMATION, CREMATION, REMOVAL (Specify) 23c. BURIAL CREMATION, CREMATION, CREMINEAL DIRECTOR DECEASED NAME (Type or print) 3. SEX Male Male Middle Mid	CERTIFICATE OF DECRASED NAME (Type or print) A WPENCE S. DATE OF BIX A RACE Male 70. BIRTHPLACE (Stote or foreign county) 10. CITY OR TOWN OF DEATH Chevy Chase 10. CITY OR TOWN OF DEATH Chevy Chase 10. COUNTY Mary 1 and 10. WAS DECRASED EVER IN . S. ARMED FORCES? Yes, no, or unknown) 10. WAS DECRASED EVER IN . S. ARMED FORCES? Yes, no, or unknown) 10. BIX CAUSE OF DEATH (Inter only one couse per lone for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) TO RAS A CONSEQUENCE OF (a) 10. OR AS A CONSEQUENCE OF 110. DATE OF OPERATION 110. OR AS A CONSEQUENCE OF (b) 110. DATE OF OPERATION 110. OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA 111. DATE OF OPERATION 112. INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING 110. MOST DECRESSIBLE OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 111. MOINT OF MAS INDUST FROM THE BUT ONE FAME, SIRET, FARORY) 211. INJURY OCCURRED 212. ACCIDENT WAS UNDERLYING 113. COUNTY OF TOWN 114. AND THE BUT ONE 215. MOTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 216. HOW INJURY OCCURRED 217. ACCIDENT WAS UNDERLYING 118. CAUSE OF INJURY (AT HOME FAME, SIRET, FARORY) 218. COUNTY OF THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 219. AND THE BUT ONE 210. AUTON OF THE PLANT OF TH	DECASED NAME	DECEASED NAME Continued	


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 25. HOUR (Type or print) 6 AGE (n years IF UNDER 24 HRS 4 RACE IF LINGER 1 YEAR 3 SEX DATE OF BIRTH HOURS MONTHS 7à BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF GEATH MARRIED TO NEVER MARRIED rountryl WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done & 126 KIND OF BUSINESS OF during mast of working life, even if retired) give street address? INDUSTRY. 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 130 CITY OR TOWN 3d INSIDE CITY JIMITS? 13e STREET AND NUMBER IS MOTHER MAIDEN NAME First 14. FATHER'S NAME Last 17 INFORMANT Yes not of unknown ! (" yes give wor or doles of service) 166 SOCIAL SECURITY NO. Yes, no ar unknown) 534-22-612 2007 LANSDOWNE WAY APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSEL AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to 'mmediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? NO A YES 🗀 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Month Doy Year P M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Nat while at work 190 4 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an ______ 19 Dr., and that in (my) lear) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (aid nat) view the bady after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS PHYS. 22e ADDRESS 22d. PHYSICIAN'S

requires that the dwath certificate be executed within 24 haurs after eath crematian, signed by the bur al-transit p as the prior tal has been O FUNERAL DIRECTOR: After this certificate be retained director, page 3 shauld should be filed with the Page /

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physician and completely filled en please remove carban pare

and in any

VR A15 (4) 30M REV. 1/68 NAME (Type)

INHIDI WWELAL

23a BURIAL CREMATION. REMOVAL (Specify)

FUNERAL DIRECTOR

23b DATE

GORGIA MIC

23c. NAME OF CEMETERY OR CREMATORY

LELDON

25o. REC'D BY REGISTRAR

DATE

25b REGISTRAR'S SIGNATURE

AOCATION (City of Town)

/(County)

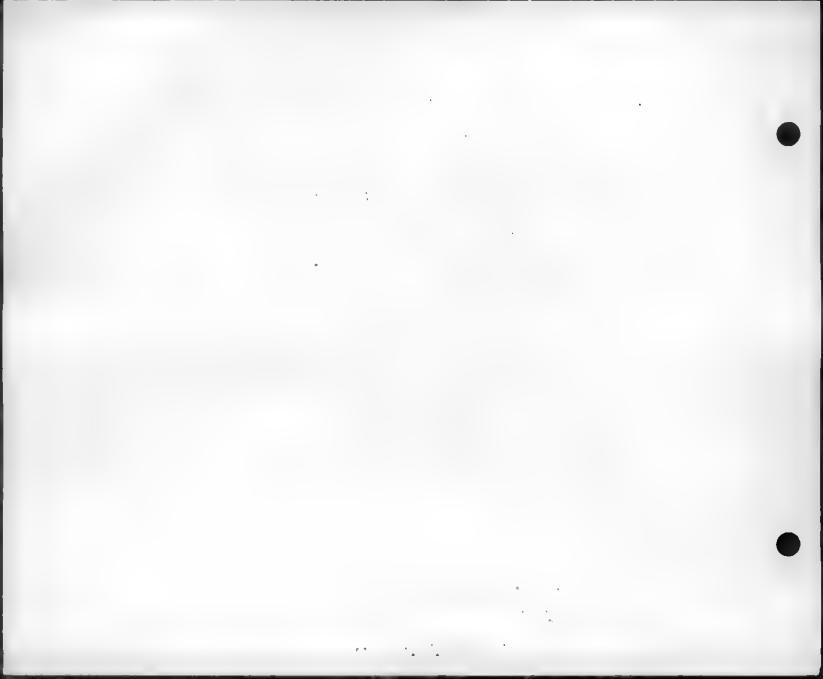
(State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) and campletely filled in by the funeral remove carban papers. Pages 1 and 6. AGE (In years 1E LINDER I YEAR IF UNDER 24 NRS last b rthday) MONTHS HOURS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED [] NEVER MARRIED[ban papers. within 72 ha WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 12a USBAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working ife, execut retired) INDUSTRY please remove carban Teacher 13e STREET AND NUMBER 13a USUA. RES DENCE Where deceased fived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Takoma Park admissian) STATE 135 COUNTY 7201 (edar Ave. NO [and in any IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Edward Underwood 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Martha Paull. 7201 (edar Ave Takoma Park Md. Yes, na. ar unknown) I (If yes give war or dates of service) ar remayal, signed by the attending phy APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary edema crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a Congestive heart failure rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause days Bronchial pneumonia, acute PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 as the Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been Cachexia and advanced age. 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 3 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY P Manth Day Year TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M 40 I either, natify medical examiner) PM detached (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a I **certify** that (I) (this hospital) attended the deceased from 9-18-65, 19.
sow the deceased alive an 3-24-68 19, and that in (my) (aut) of 3-25-6819 3 shauld be _____, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after death. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE 3-25-68 DIRECTOR PHYS be filed PHYS PHYSICIAN S MAME (Type) 22e ADDRESS Md. director, shauld be John Spencer 15444 Burtonsvile Columbia 231. NAME OF CEMETERY OR CREMATORY CEM BURIAL, CREMATION Pr Geo (o Ma. (Caunty) REMOVAL (Specify) FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1/88



1 i	F.F.S	m 18 21 a film MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE	40	5-15-5-6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	-, 7.1
HEALTH DEPT	1 0		ay Yeor 2b HOUR
SOO E		ype or Print) Tracey Elizabeth Tatura Death MATED 31	7 1968 3 34
delay is and 3 to A3. Page	3 5	X 4 RACE S DATE OF BIRTH 16 AGE UN YOURS F LINDER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
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ve Pages y with far the State.	10 0	D 1. I have been a section to the second of the second section of the section of the sect	TO KIND OF BUSINESS OR TOUSTRY
th th	130	USUAL RES DENCE (Where deceased lived, if not fution: Residence before 13c. CTY OR TOWN 13d INSIDE CITY LM.15? 13e STREET AND NUMBER	
hours after death Item 18. Give Pag Office alang with I and 2 with the Sta	01	misson) STATE NCL. 136 COUNTY Morigomery Silver Sping YES ANO 1/419 Columb	via Pike
hours Office Office ofter	14 F	ATHER'S NAME First Middle ost IS MOTHER'S MAIDEN NAME First Middle	Last
		John Robert Totum GAYE Marrit	Beavers
within 24 pencil in xaminer's ille pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 100 or Unknown) (if yes give wor or dates of service) none John R. Tatum see #13	
d with per Exon Exon File	—		APPROXIMATE INTERVAL
shauld be executed with he ward "pending" in perto to the Chief Medical Exonorial-transit p≡rmit file in any event within 72		18 CAUSE OF DEATH (Enter only one couse per . ne for (a), (b), and (c)) PART I DEATH WAS CAUSED BY- IMMEDIATE (AUSE (a) SKull Fracture	BETWEEN DISET AND DEATH
e execute 'pending' ef Medical sist parmit within within		768 X DUE TO, OR AS A CONSEQUENCE OF	<u> </u>
be exe		Conditions, if ony, which gove nse to immediate cause (a). (b). due to trauma	
shauld e ward a the Ch ourial-tre		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
ate sho g the w ed ta th s a buri and m		last. (c)	
cate ed to anc		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ite, writing the, writing a farwarded so used ms or removal an	CERTIFICATION	190 DATE OF OPERATION [196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
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d bed by or or or	CAL CES	210 EXTERNAL CAUSE WAS PR MARY DOR CONTRIBUTING 216 T ME OF IN. JRY Month, Day, Year PR MARY DOR CONTRIBUTING HOUR AM AUGUST OF DEATH 210 EXTERNAL CAUSE WAS PR MARY DOR CONTRIBUTING 100 Part 18) Father	
(AMINER: e the cert e the shoule e 4 shoule rour files age 3 shou	MED	21d NJURY OCCURRED 121e PLACE OF NuRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the cert age 4 shoul r your files Page 3 sha		WHILE AT WORK AT WORK AT WORK OF A DEC	Mont, Ma
L E) Recut Pag Far) R:P		22a 1 certify that I taak charge of the remains described above, held on Autopsy 🔀 Inspection 🕱 Inquiry 💢	and in my ap'n ai
SICAL I		death resulted fram. Natural causes 🔲 , Accident 🔲 , Suicide 🔲 , Hamicide 🔼 Undetermined manner	
Ty please y, please red direction (AL DIRE prior to		ACTUAL O L. B B 00 CHIEF MEDICAL EXAMINER	
NY, Property		SIGNATURE M.D. ASSISTANT MEDICAL EXAM NER 228 DATE SIGNATURE	T/C C
TO DEPUTY SICAL R necessary, please exect the funeral director Po 5 may be retained far TO FUNERAL DIRECTOR: Health prior to buriol,		EXAMINER'S NAME (Type) John G. Ball DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)	1/68
10 the	230		aunty) (State)
2		Buriar 3/19/68 Parklawn Rockville, Maryla	
VR ATSME (S)		FUNERAL DIRECTOR ADDRESS ADDRESS 250 REC D BY REGISTRAR 256 REGISTRARS S COSEPH Gawler's one 5130 Wisconsin Av.	MATURE
AK WIDING (D)	U	pocher camper of one handle the state of the	



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pages land 2 with

24 hours after

This certificate should be executed within

DICAL EXAMINER:

TO DEPUTY

necessary, please execute the cert ficate, writing the word "pending" in pencil in Item 18 Gry the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alon"

Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death

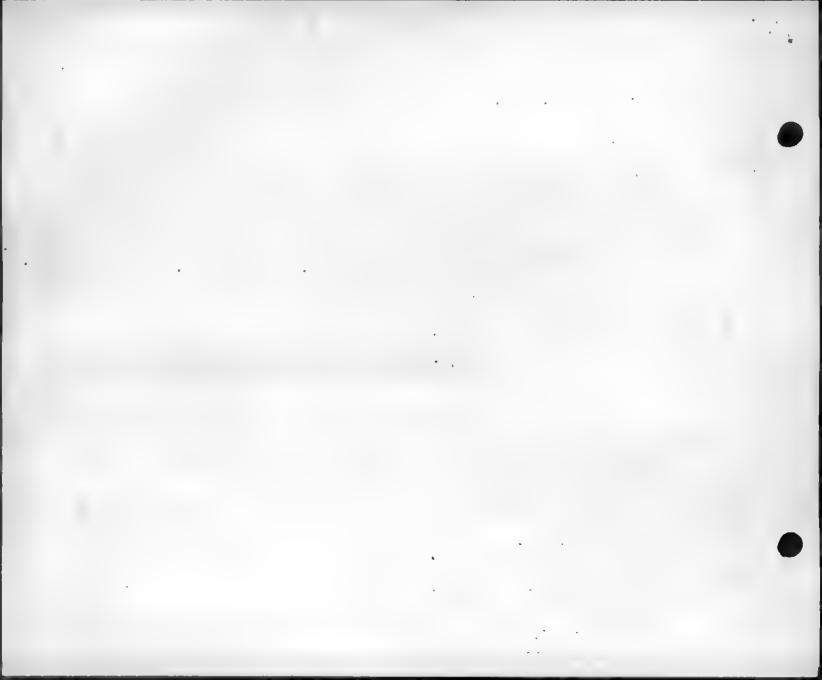
5 may be retained far yaur f.les. **TO FUNERAL DIRECTOR:** Page 3 shauld be used as a burial transit permit. File

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

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	ASED-NAME		irst		M dd			Lost			20 DATE KNOWN Month	
(14b)	e or Print)	E	nnis		Walte	r		TAY	OR		DEATH MATED 3-3	30 1968
3 SEX M	ale	4 RACE Cau		date of bir		6. AGE (In	years (ay) YRS	F JNDER I YEJ MONTHS DA		DER 24 HRS	AC DAIL TROITOURCED DEAD	30 Year 9 68 8:0
7a 81R	THPLACE (Stot	e ar foreign	7b (1	TIZEN OF WHI	AT COUNTRY?	8.		RIED A NEVER	MARRIED	7 9 0	OUNTY OF DEATH	
country	Texas			USA			WIDO	WED 🔲	HVORCED [Montgomery	
10 CITY	or town o	F DEATH			ME OF HOSPITA	or instituted			rto 12d	USUAL The mos	OCCUPATION (Kind of work done to fworking if e even fretired) al Officer	126 KIND OF BUSINESS OR INDUSTRY USN
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14 FATE	HER S NAME	Frst		Middle		Lost		15. MOTHER S	MAIDEN NA	ME Fir	st Midale	rost
		June				lor					Loxa	Bales
	is Deceased ev no peurgenov	FRINGS ARME		S? lates of service)	166 SOCIAL SECI	JRITY NO	17	7 INFORMANT			ADDRESS 950	
(140)	yes	193	2-19	961	459-6	4-83	42	Mrs	Ge Ge	ral	dine A. Taylor	Beth.Md.
	PART I. I)EATH WAS CAU	on y one ISED BY: DIATE CA		te for (o), (b), o	nd (k).)	0	Given	ilo	ia	lekt	APPROX MATE INTERVAL BETWEEN GISSET AND DEATH
	410	9		1-1	ASTA CONSEQUE	NCE OF			1		7 1	
		iny, which gav e lote couse (a)		(b)(000	na	ريا	CER	ler	-11		
51		iderlying consi		DUE TO OR	EXS A CONSEQUE	NCE OF	Ty	Cer	Jen.	J/	LearXd	escaso
	ART 2 OTHER 420		NDIT ONS	S CONTRIBUTI	NG TO DEATH BI	JT NOT REL	ATED T	O THE TERMINA	L DISEASE A	OR COND	T ON GIVEN IN PART I(a)	
TIF-CATIO	90 DATE OF 6	PERATION			195 CONDITION WAS PERFO		H OPER	RATION				20. AJTOPSY? YES NO
Į≅ P	IO EXTERNAL PRIMARY () C CAUSE OF DEAT	R CONTR BUTING		21b. TIME OF I ∺OUR A N		oy, Ye or 19	21	Ic HOW INJURY	OCCURRED	(Enter no	oture of injury in Port 1 or Port 2, 11	
	WHILE AT WORK	CURRED 21 OT WHILE	e PLACE factory,	OF INJURY (A affice bu dina	it home, form, s g, etc)	Ireet,	21	If LOCATION ST	eet or R F D	No	City or Town	Caunty State
	22a	certify that	No No	Cen	es [], An			Suicide	Hom CHIEF MEDIA ASSISTANT MEDIA DEPUTY MEDIA	ICIDE EXAM MEDICAL E MEDICAL EXA	NINER 226 DATE	
R	URIA. CREMA EMOVAL (Spec Burial	ify) Z	36 DATE 4-3-	-68	A	cling	ton	or (remator) Natio		2	arlington, Va.	(County) (Stole)
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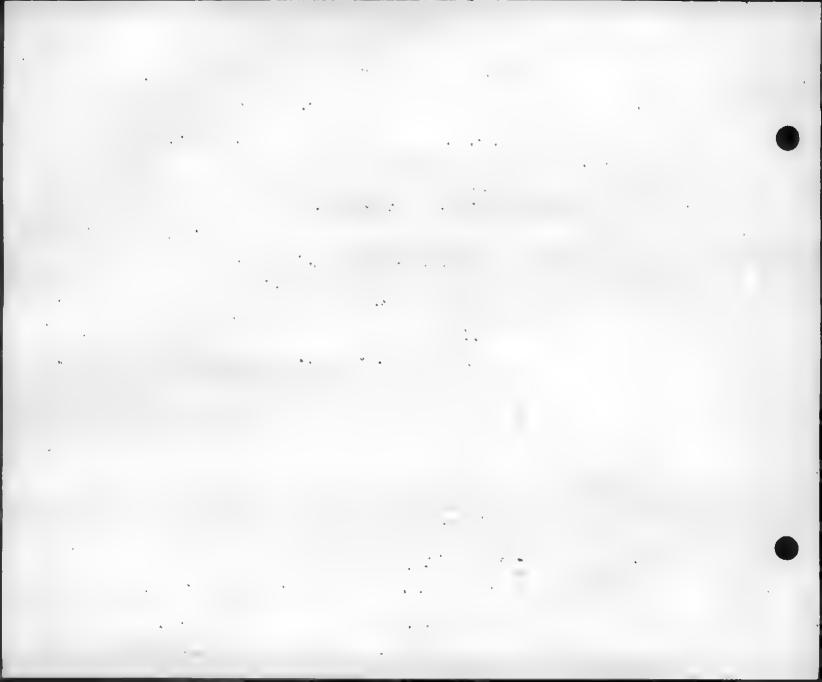
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	~ 26	2 (1)			ERTIFIC	ATE OF D	EATH					*	1.0
	ECEASED-NAME .	First		Middle		Lost		2a. D	DATE OF DEAT		n	· ·	2b HOUR
(1	ype or print)	Mary	Virginia		Tice			Ma	rch	Month 2:	2 Day	1968	5:450
3. SE	X		4. RACE			S. DATE OF BIRT	Н		1 1	GE (In years			IF UNOER 24 HRS. HOURS MIN
	Female		White			Jan.	4,	187	4 101	st bigtheay)	RS.	2THS 333	NUIN MINI
7o E	BIRTHPLACE (State	or foreign	76 CITIZEN OF WHA	AT COUNTRY?	8 MARRIED [NEVER MARRI	ED [NTY OF DEA				
COUR	Maryla	ınd	U.S		WIDOWED			Mo	ntgom	ery			М
10 0	Gaurters	burg	11. NAI give st	ME OF HOSPITAL OR INST reet address) Metl Soury Metl	nodist	t in hospita Home				d of work da even if retires		126 KIND OF B INDUSTRY	BUSINESS OR
13a. ad mi	LSUAL RESIDENCE ISSION) STATE	(Where deceas Maryla	ed lived, funstitut	Says photos before /	13CETY DR	TOWN 13	F INSTOC CITY , PES N	IMITS?	13e, STREET	AND NUMBER	A	/	
14	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAID				Middle			Lost
		lam		Shearer			Ma	ry	EJ.	izabet		Alba	u gh
16a. Y	WAS DECEASED EV es, no, or unknown	(If yes give w	AED FORCES? FOR OF dates of service)	212-20-70		IFORMANT META	odist	- Ho	mg Y	Address RECORD	,		
	PART I DEA' Conditions, if one rise to immedio stating the under lost	TH WAS CALSEI IMMEDIA (, which gave) te couse (o),	D BY ATE CAUSE (a) DUE TO, OR AS (b)	(a), (b), ghd (c). The second of the second	far Di	relus Visias	e		BETWEEN ONSET AND GEAS 3 M/N. 2 4 Rs.				
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)												
CERTIFICATION	190 DATE OF OPER	ATION 19b.	CONDITION FOR WHI	TH OPERATION WAS PER	FORMED	20o. AUTOPSY? YES NO			20b. IF YES, WERE FINDINGS CONSIDERAL CAUSES OF DEATH?			IDERED IN CEI	RTIFYING
MEDICAL CER	21 a. ACCIDENT W OR CONTRIBUTING (If either, natify	CAUSE OF OEAT	HOUR A.M.	Manth Doy Year	anth Doy Year					Port 1 or Part	2, Item	n 18.)	
W	While Not wat wat wat wat wat									own	2	County	State
	22a. I certify that (I) (this hospital) attended the deceased fram, to, to, that (I) (we) lassaw the deceased alive an, 19, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death.												
	22b. SIGNATURE		Acre	uggsal	DEGRI	(1112)	ا لكر	MED DIRECTOR	☐ ST/ PH	AFF 🖂	3/2	ESIGNED / 22/68	۲,
	22d. PHYSICIAN'S NAME (Type)		y C. Scri	iggs, M.D.		22e. ADDRE	3 (40	dar,	hane	Reth	'i sa	la M	rd.
1	BUR AL, CREMATIC REMOVAL (Specify) 3	DATE '- 25-6 8			PHERC		F.	LOCATION (CI	25	Hoi	(county)	(State)
	FUNERAL DIRECTOR		,	ADDRESS	77	2	Sa. R.C.	BY-REOIS	TRAR	2Sb / REGISTR			LAR.
14.	ginibatho	1 / D- CO	K E	MILOTTE	1 /29 , 1	40	DATE TA	2 8	N MA	E 100	Clay	CAG June	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the <u>funeral</u> director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 and 2 shauld be filled with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital ar attending physician. VR A15 MY 30M REV 1/68



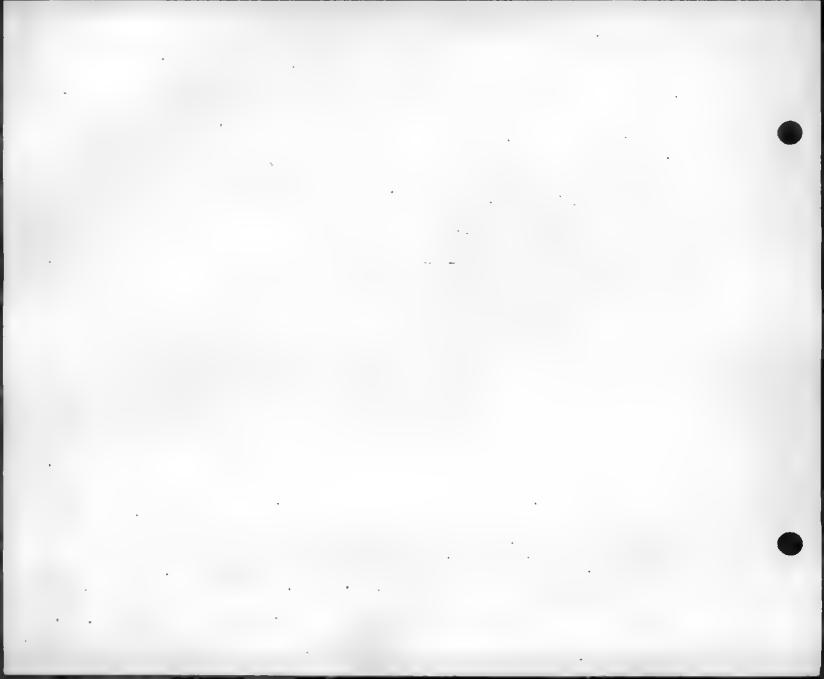
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them 2 Film CERTIFICATE OF DEATH

·		н	CERTIFICATE OF DEATH	. 7466
5 5 E		Ī	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence)	nce before admission)
de la de	,		O. COUNTY ON THE COUNTY MARYLAND O. STATEM ARYLAND 6. COUNTY /	ONT GOMERY
at a second			b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c.CITY OR TOWN (if outside corporate limits, write RURAL and gr	
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E 2 3			A NAME OF HOSPITAL OR INSTITUTION (if not in hospito, give street oddress) d. STREET ADDRESS 715 Trent Street	e IS RESIDENCE ON A FARM?
illed papa nin 77		1	BETHESIA-SILVER SPENS NURSING HOME & POOL WILLY WILL WITH	VES NO
E	, 1	1 3	3. NAME OF A FIRST Middle Lost 4 DATE Month	Doy Year
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omple ve c	9	5	S. SEX 6 COLOR-OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (n yeors IF JNDER Months	1 YEAR IF UNDER 24 HRS Doys Hours Min.
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be to the reference of		10 di	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY	OHNTRY
sicion please			NETIRED VETERING HOM, LANDOVER //LD. IC	J.H.
tific hys	}	1	13. FATHER'S NAME	
h certifing phy			ARTHUR W. TOLSON FLLA SUIT	
the death certificate be executed to a complete to the complet		- (15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 578-62-9288-57	
attendi		F	NO 1 // CHAR!	NTERVA, BETWEEN
that the in. by the cansit party tempting			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	ONSE! AND DEATH
tho by tran			IMMEDIATE CAUSE (o) DUE TO DUE TO	10 10
ysici ysici ned iol-l	}		Conditions, if ony, which gove) (b) Insurary Emblesm	24 hr.
ph sign	2		nise to immediate couse (o), storing the underlying couse	
ding ding een the			lost. (c)	
e lo itenio os b		2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
in The No. of the house use	,	MOLENIA	Cedvanced arterioscheroses	YES NO
for for He		71516	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B)	
ospi cert hed				
PH he he he he he he he he he he he he he		15	20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Hour o.m. 20f (City or town) (Co	ounty) (Stote)
NG Y the Y the er the er de de de de de de de de de de de de de		3	pm. orwork in orwork in the second of the se	1.
Aff Ab			21. I certify that (1) (this hospital) attended the deceased from \$12 , 1962 to 3/14, 196	50, that (1) Time) las
aine aine IOR:			saw the deceased alive on 3/14/1968, and that death accurred at PM, fram causes and on 220. SIGNATURE	DATESIGNED /
R A A SEC 3 S S S S S S S S S S S S S S S S S S			The lease of Jog sers to M.D. PHYS. Director PHYS. 3	114/68
be died			22c. PHYSICIAN'S 22d. ADDRESS	01 01
HOSPITAL Ige 4 moy FUNERAL rector, par			NAME (Type) FRANK Y. JAGGERS JR. 5707 WISCONSIN AVE	nevy (nase
Page 4 n FUNER director,		2	230 BUR AL, CREMATION, 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
Page O FUN direct	1		CFENNAL 3/15/68 Cedar Hill Suitland Md	•
F F	13	1	24. FUNERAL DIRECTOR 250. REGISTRAR 256 REGISTRAR 256 REGISTRAR'S ADDRESS ADDR	SIGNATURE CALLED
VR A15 (4) 25M 1/67	, 3	1	Jos. Gawler's Sons Inc 5130 Wisconsin Ave NW DATE MAR 2 1 1968	0





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME Middle Lost 2b HOUR Elizabeth March Month 8 (Type or print) Tripp Doy 1 96 8 or S DATE OF BIRTH 3 SEX 4 RACE 6. AGE (n years las@b@thdoy) Female 3/2/80 HOURS White 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S.A. WIDOWED [DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) Rockville Road physician ond completel Car 13g. USUAL RESIDENCE (Where deceased lived if institution. Residence before 13c CITY OR TOWN 13d. NSIGE CITY LIMITS? 13e STREET AND NUMBER requires that the deoth certificate be executed 13b. COUNTY. YES T NO [Rockville 716 Brent Road 14 FATHER'S NAME First Lost IS. MOTHER'S MA DEN NAME First M ddfe John Tripp Elizabeth Peters 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT AMBEKville, Yes, na, or unknawn) 216-32-9111 Herman Hartman-125 S. VanBuren St 18. CAUSE OF DEATH (Enter only one cause per one for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if any, which gave) burial-transit ESSENTIAL rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ENER AL MED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN O FUNERAL DIRECTOR: After this certificate has been CAUSES OF DEATH? YES 🔲 NO [21a ACCIDENT WAS UNDERLYING 276 TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, not, fy medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from Tolumber (C), 1967, to MPCH 9, 1967, that (I) (we) last saw the deceased alive an MARCH S, 1968, and that in (rily) (por) apinian death accurred an the date and have and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. DEGREE director, page 3 should be filed v DIRECTOR 22. ADDRESS Montgomery Ave., Rockville, Md. 22d. PHYSIC MN'S Gordon S. Rosenberger, мэр. NAME (Type) 23a BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Depty) 3/11/68 Baltimore Cemetery Baltimore, Md. 25b REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Clienton

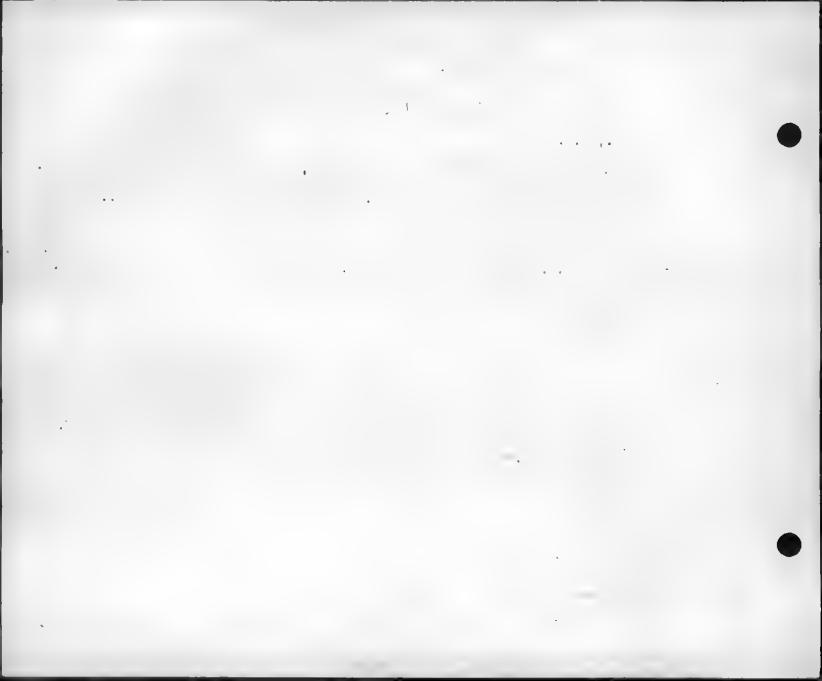
1988

Ullrich Funeral Home 4210 Belair Road.

VR A15 (4) / ... 30M REV 17.68



month.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
TATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
DEPJ.	DECEASED NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) TAMES DADVED TEDNED OF EST.	Doy Year 2b HOUR
A5.24	(Type or Print) JAMES PARKER TURNER OF EST. TO DEATH MATED 3	11 168 4:47
3	SEX 4. RACE S. DATE OF BIRTH 6 AGE (In 1990 IF UNDER 1 YEAR 1F JHDER 24 HPS 2C DATE PRONOUNCED DEAD	2d HOUR
	Male White 5/7/1 1917 157RS MONTHS DAYS HOURS MIN Month March Doy 11	Year 19 68 4:47
70	B RTHPLACE (State or foreign 7b (ITIZEN OF WHAT COUNTRY? B MARRIED 47 NEVER MARR ED 9. COUNTY OF DEATH	
co	Wash., D.C. USA WDOWED D.WORKED Montgomery	M
10	TIL NAME OF MOSPITAL OR INSTITUTION (If not in hospital DICAPATION (Kind of work done 1)	26. KIND OF BUSINESS OR
	ilver Spring give street oddress) Holy Cross Hosp. during most of working life, even if retired Maint. Superintendant Superintendant	Contractor
13	SUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c. CITY OR TOWN 34 HISDER CITY LAMIS? 13e STREET AND NUMBER	
13	odmission) STATE Maryland 13b. (OUNT Montgomery Sil. Spr. YES X NO 7 9803 Dallas Ave	è.
14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	Frank Lavin Turner Helen Mae	Cronise
-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Brother, ADDRESS 12212	
A	(Yes, no, or unknown) (If yes give wor or dottes of service) Leslie L. Turner Wheat	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: **RXXXXXX****************************	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	THANDDIATE CALICE CALLED TO THE CONTROL OF THE CONT	l hr
ent	POOL DUE TO, OR AS A CONSEQUENCE OF	
r event within 72	Conditions, if any, which gave his to immediate cause (a), (b)	
in any	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G YEN N PART I(o)	
200	190. DATE OF OPERATION 195 COND T ON FOR WHICH OPERATION	20 AUTOPSY?
CERTIFICATION	WAS PERFORMED?	YES X NO
Tabl	21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
MEDICA	PRIMARY OR CONTR BUTING CAUSE OF DEATH 4 1969 an cor notor in cloud grage	
MFD	21d INJJRY OCCURRED 21e P.ACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
	MYRE AT WORK A	You framery Act
	22a certify that I took charge of the remains described above, held on Autopsy (7), Inspection (X), Inquiry (X).	and in my apinion
	death resulted from. Natural causes, Accident, Suicide Mamicide Undetermined manner [
	CHIEF MEDICAL EVANUED	_
Ì	ACTUAL ACCURATION 1. BEECH ACCUSTANT MEDICA CYCANINED 726 DATES	GNED -
	EXAMINER'S DEPUTY MED CAL EXAM NER DEPUTY MED CAL EXAM NER	i 12,1968.
	NAME (Type) ADDRESS(Street, city, town, or county)	
2:	RUBIAL REMATION. 23h DATE 23c MAN OF CEMETRY OR CREMATORY 23d LOCATION (CDY OF TOWN)	County) (Stote)
	Bury March 15-1968 Deck Steek Of Thereington	0.6
2	ADDRESS ADDRESS SEGISTRAR'S S	GNATURE
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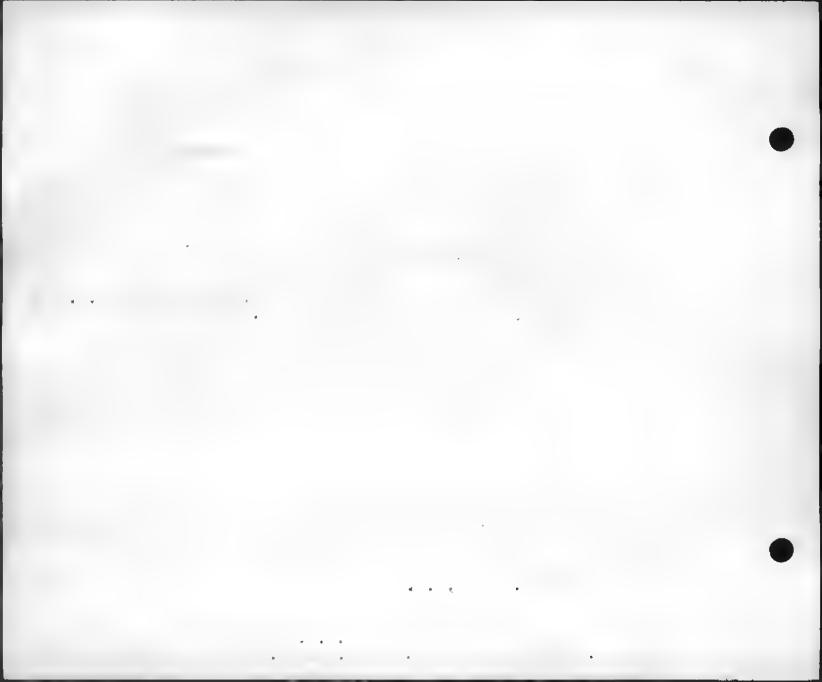
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#5Film#G399 4/4/68 km CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED NAME 2b. HOJR law requires that the death certificate be executed within 24 haurs after death (Type or print) the attending physician and campletely filled in by the funeral sit permit. Then please remave carbon papers. Pagést-oak EAH VANNIE 4 RACE IF UNDER 1 YEAR 6 AGE (in years lost bathday) MONTHS papers. Pag hin 72 hours 7b. CITIZEN OF WHAT COUNTRY? Jo. BIRTHPLACE (State ar foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) W. VA WIDOWED M DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) give street address) ILE NO INST 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR guring most of working life, even fretired) en please remave carbon 13a. USUAL RESIDENCE (Where deceased lived, if institut on Residence before 1730 CITY OR 10WN , 33d INSIDE HOUSEWIFE 13e STREET AND NUMBER .3d INSIDE CITY LIMITS? 136 COUNTY PRINCE GEN admissian) STATE NO 🔲 and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First OBEN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, ng. or unknown) {If yes give war or dates of service} ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter on y one couse per line for (a) -(b), ond (e) }
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couses PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta has been use as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20c AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO M YES [O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTR BUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) P.M. 3 should be detached 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Town (ounty State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from Sources, 1968, to March 25, 1968, that (I) (we) last saw the deceased alive an 5-79, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 226 SIGNATUR DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSIC AN S NAME (Type) 831 Universi . Ne Ison directar, 23d. LOCATION (City or Town) 23g BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) pril 1, 1968 REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Md. **ADDRESS** 24 FUNERAL DIRECTOR 2SO REC D BY REGISTRAR F. Gasch's Sons Hyattsville, Md. 30M REV IVE



JAMES LEE VANCE DEATH MATED 3 25 1968	b HOUR							
(Type or Print) JAMES LEE VANCE DEATH MATED 3 25 1968	b HOUR							
JAMES LEE VANCE DEATH MATED 3 25 1908								
2 SEY A PACE S DATE OF DIDTH A AGE IN MORE I YEAR OF DINDER 14 HES TO DATE DO	6A,							
	d HOUR							
Male White 3/11/18 SUPER DAYS HOURS MIN Mongh 25 68 19	6A							
To BIRTHPLACE (Stote or foreign To CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH								
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10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINES								
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Rockville Md. 5118 Russett Rd.Rock. Md Indust. Engineer Eng. 130 USUAL RESIDENCE (Where deceosed lived, if not turton Residence before 13c. CITY OR TOWN 13d INSIDE CITY JUM 15? 13e STREET AND NUMBER								
130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY JM 152 13e STREET AND NUMBER odmission) SAIE MONTGOMERY ROCKVILLE YES NO 5118 Russett Rd. ROCKVILLE	ck.							
Rockville Md. 5118 Russett Rd.Rock. Md Institution Residence before 13c. CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if unstitution Residence before 13c. CITY OR TOWN 13d INSIDE CITY JM 157 13e STREET AND NUMBER								
George Vance Josephine Sheppard								
16a. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or unknown) ("If you gay yar garles of service) 167 - 0.5 - 2.794								
TO = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RVAL							
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Due To, OFF AS A CONSEQUENCE OF	DEATH							
DUE TO, PETAS A CONSEQUENCE OF								
Conditions, fany, which gave) Due to, or as a consequence of Conditions, fany, which gave) (b) Conditions of any, which gave)								
r se to immed ate cause (a) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF								
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196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?								
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	A							
= 9 \ \(\infty \) \(\text{county} \) \(\tex	Stote							
WHILE NOT WHILE AT WORK AT WOR								
22a 1 certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my a	aninion							
death resulted from Natural causes A Acident A. Suicide . Hamicide . Undetermined manner	аринот							
CHIEF MEDICAL EXAMINER								
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NAME (Type) BELDEN STATE 230 BUR AL, (REMATION, 23b DATE 23c NAME OF CREMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State	1							
REMOVAL(Spec.fy) Removal(Spec.fy) Mar 29.1968 Ft. Rosecrans San Diego, California	7							
24 EUNE OF CO Glen Carteradoress Silver Spg. 250 REC'D BY REGISTRAR 256 REG SIRAPAS SIGNAPURE	a it							
Ver AISME [5] Varner E. Pumphrey, Inc. 8434 Ga. Ave Maryland DAIE MAD 2 9 1968								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14483 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) o. COUNTY Mont gomet MARY) AND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Chase e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS within 72 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 NO 🔼 NAME OF Middle DATE Year DECEASED OF DEATH March 1968 and in any event, (Type or print) IF UNDER 24 HRS. AGE (Ip years lost bithday) IF LNDER 1 YEAR S SEX 8. DATE OF BIRTH 6. COLOR OR RACI NEVER MARRIED Hours White Sept. 11, 1889 DIVORCED WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT RET. EMPLOYEE COUNTRY? CAROLINA INTTED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, BISHOP 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT AWASH.D.C.20015 LAW) (Yes, no, or unknown) illif yes a ve wor or dates of service) E.MERCIER cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c), PART I. DEATH WAS CAUSED BY NIERVAL BETWEEN burial-transit ENSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gave rise to immediate couse (o), Dill's TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II, OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X this certificate 200 ACCIDENT WAS UNDERLYING TO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) **Hot While** 21. I certify that (1) (this haspital) oftended the deceased from December 1965, ta -3/16 1968, that (1) (we) last be retained 19 6 % and that death accurred at a 2 M. from causes and on the date stated above. 2/16 O FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS MD PHYS director, page shauld be filed 22d. ADDRESS J. LYNCH, M.D. NAME (Type) JOHN 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 230 BURIAL, CREMATION 23d. LOCATION (City or Town) REMOVAL (Specify) MAR.20 68 REGISTRAR S SIGNATUR 2Sb INC.1300 N.ST.N.WWMAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 3 . DECEASED-NAME (Type or print) First Middle Lost 25. HOUR ond 2 deoth. 24 hours after deoth nero 32 5 KIARIE 3 SEX DATE OF BIRTH 6 AGE (In years IF UNDER ! YEAR IF JNOER 24 HRS last buthday) MONTHS Dovember 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH B. MARRIED NEVER MARRIED country) & DIVORCED liled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR /ithin give street address) during most of working life, even if retired) INDUSTRY corbo tion of USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. NSIDE CITY LIM TS? 138 STREET AND NUMBER 13c CITY OR TOWN even law requires that the death certificate be executed 13b. COUNTY YES (\$\frac{1}{2}\frac{1}{2}\frac{1}{2} NO T remove Ony 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Lost signed by the attending physicion and burial-transit permit. Then please rem and in 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (a) Ь cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave) burial-transit nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF ottending physician. stoting the under ving couse burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been os the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO TU hospital or TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) fo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year ō PM. (If either, notify medical examiner) detached AT HOME FARM, STREET FACTORY. 1 21 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY State Street or R.F.D. No. City or Town County OFFICE BUILDING, ETC. While Not while at work 22a. I certify that A (thus has pital) attended the deceased from þ 19 65, and that ir((my) (aur) apinion death accurred on the date and haur and fram the be retained causes stated obove! (we) (did) (did not) view the body after deoth 225. SIGNATURE (22c DATE AIGNED ATTENDING PHYS. MED. DIRECTOR STAFF DEGREE director, page should be filed PHYS 22e. ADDRESS 22d. PHYSICIANS NAME (Type) 902 NW 230 BURIAL CREMATION 23d LQCATION (City or Town) NAME OF CEMETERY, OR CREMATORY (County) (State) 3-16-68 REMOVAL (Specify) 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

1966

VR A15 (4)

30M REV 1/68~



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I DECEASED NAME First Middle Lost 20 DATE KNOWN | Month Doy 2b HOUR (Type or Print) DEATH MATED X March 23, 168 Nathan Walter Walker of o F UNDER 1 YEAR IF JINDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR 1968 10/26/11 56 March M 70 B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Germantown WIDDWED [7] DIVORCED [Montgomery U.S.A. pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working if e even fretired) Holy Cross Hosp. Silver Spring death 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN 13d #NSIDE CITY LUMITS? 13e STREET AND NUMBER 13b COUNTY on tromery 7006 Sycamore Ave. odmission) STATEMarvland Takoma Park YES X NO land 2 after IS. MOTHER'S MAIDEN NAME Middle 14. FATHER S NAME Loss Unknown Walker Sr. Nathan Walter hdurs 17. INFORMANT Eva M. Walker Same as Item 13. 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? be executed within (f yes give wor ar dates of service) 225-05-1841 (Yes, no, or unknown) deserver Wife File APPROXIMATE NTERVA. within 18 CAUSE OF DEATH (Enter only one couse per line (ap.(a), (b) and (c)) BETWEEN ONSET AND DEATH permit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR ASSA CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), This certificate should writing the ward DUE TO OR AS A CONSEQUENCE OF storing the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) D 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of in urv in Port 1 or Port 2, Item 18.) P HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 2 d NURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.E.D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... 5 may be retained far O FUNERAL DIRECTOR: Inspect an 🔀 Inquiry and in my apinian the funeral director. Natural causes Dat. Mccident Suicide Hamicide death resulted from Undétermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED SIGNATURE O DEPUT **EXAMINER'S** Health NAME (Type) 23c. NAME OF CEMERRY OR CREMATORY 23a BURIAL, EREMATION, 23b DATE 23d LOCATION (City or flown) REMOVAL (Spec (y) 3-26-68 Lincoln Cemetery | Prince George County Md. 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland DAN VR ATSME 15



-x286

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

04475

	CEASED-NAME	First			Middle			Lost			2a. D	ATE OF		4	D -	v		2b. I	10UR /
U	ype ar pnnt)	Kathl	een		Ann		W	alsh				1	Moni Marc	n 20	Doy 9	196	9r. 58	9:	45
3 SE	Х		4 RACE				\$. D	ATE OF B	IRTH				6. AGE (in years		F UNDER 1	YEAR	IF UNDER	24 HRS.
	Female				White		6	Jan	uary	19	752		lost bir		RS. MC	ONTHS	DAYS	HOURS	MIN
3 0	ADTION OF SELECT	foreign	76 CITIZEN	OF WHA	AT COUNTRY?	8 MARR			RIEDXX			ITY OF	DEATH						
COUR	Ohio			USA		WIDOW	-		RCED				Mor	ntgo	mer	37			Mo
10. C	ITY OR TOWN OF DE	ATH		11. NA	ME OF HOSPITAL OR INS								(Kind of	work das	ne	125 KI		USINESS	
	Bethesda				reet oddress) Clinical						St	udei	at	of retired	i.)	INDUST	IRY		
	TATE Coming	Vhere deceo: lio	ied lived, if 13b. COI		n: Residence before		or tow Lmad		YES T				EET AND	NUMBER EWTO:	n S	tro	ot.		
14 F	ATHER S NAME	First	M	ddle	Last	Idl	_		A.DEN NAN	AF Fu	rst		27 111	Middle	·	01.00	30	Last	-
		nald	170	doid	Walsh		2. 1510	IIILEG S INC			ce			111142			Tr.	ike	
160	WAS DECEASED EVE	R IN U.S. AR/	AED FORCES?		16b SOCIAL SECURITY N	0 1	17 INFOR	MANT T	he Me			Ber	bros	Address			Г.	rve	
Y	es no, or unknown)	(If yes give v	var or dates of se		None				ne me nical							Ma m	vzT 0.1	. For	
			l. 000 min	nee les		-	1110	<u> </u>	TT CGT		GITO	V-1.9.	וספת	repue	Ar g	A	LPPROXIM	ALE INTERV	
	PART I. DEATH			Francisco of investigation			inct		+ ~~		+ 1-	h					8 hours		
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	y vol. 10, ok As A consequence of										12	wee	lr.a						
	rise to immediate cause (a).												12	wee	KS				
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF													C46 71 179	2	***	200 00		
	(c) Dermatomyositis and systemic lupus erythematosus 2 years																		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																		
NO	19a. DATE OF OPERA	TION 10h	COMPITIONS	On William	R WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FI						E EINDING	NDINGS CONSIDERED IN CERTIFYING				-			
CERTIFICATION	170. DATE OF OFTIA	170	CONDITION P	OK WITH	CH OFERALION WAS FER		YES 🛣 NO				CAUSES OF DEATH? Yes				KIIF (119)	,			
	21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Ita											2, Iter	m 1B.)						
MEDICAL	OR CONTRIBUTING [P.M.	Manth Day Year														
		RRED 21e		NJURY (AT HOME FARM, STREET, FACTORY)			11F LOCATION Street or R.F.D No.				City or Town			Caunty State		tate			
	22a. I certify t	hat (IX (th	is haspita	l) atte	nded the decease	d .fram	_16	Mar	ch_, 1	9_6	8 , 1	o_20	Mai	ch,	1968	3	that	10 (w	e) las
	22a. I certify that (\$\footnote{\chi}\$ (this haspital) attended the deceased from 16 March , 1968 , to 29 March , 1968 , that \$\footnote{\chi}\$ (we) los saw the deceased alive an 29 March 1968 , and that in (\$\footnote{\chi}\$) (our) apinian death accurred an the date and haur and from the causes stated above, \$\footnote{\chi}\$ (we) (did) (\$\footnote{\chi}\$ (\footnote{\chi}\$) view the bady after death.																		
		ited abav	e, (&) (we)	(did) (did Not) view the b	ody at	ter deat	h.											
	226. SIGNATURE 226. DA ATTENDING STAFF RE 200 DA															060			
		near O	W.	صيكره	K MyD	[DEGREE	PHYS.	دعا		RECTOR		PHYS.			Marc			
	22d PHYSICIÁN'S NAME (Type)	Grego	rv O.	Wal	sh, M. D.			T.o.o.	oress Th titut	ie.	Gli	nica	al Ge	enter	ا و ا	Nati	Lona	1	owi
				+ + C			DB 1071		ULUUT	,es									
230	BURIAL, CREMAT ON REMOVAL (Specify)		DATE		23c NAME OF C				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				N (City or			(County		(State)
24	FUNERAL DIRECTOR	4-	-1-68		Crownh	12.4.4	Cel	HETE	Inc. pro	ים חיי	DU	LHILLI	1254	OL' IN	ADS SI	CMATHE	1110	,	
	BERT A.	PITMI	PHREY	. B	ethesda,	Ma	ryl	and	250. REC	PR'	3 _	. 19	68230	LOBIK	الد د ۱۱۸	CAT	Jeen	Lar.	
17 55	- T		and the second of	3			of the same of the		I DATE '					11		- V /	AT.	4	

VR A15 (4) 30M REV. 1/68

FOR MUSRITAL OR ATTENDING MIYSICIAM: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or offending pllysicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond camplerely filled atrector, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, withink

deoth pup



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR Middle Last 20. DATE OF DEATH DECEASED NAME death. requires that the death certificate be executed within 24 haurs after death Manth (Type or print) Year campletely filled in by the funeral nave carban papers. Pages Lates IF UNDER I YEAR IF LINDER 24 HRS DATE OF BIRTH 6 AGE (In years 3. SEX last pirthdey) MONTHS DAYS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a, BIRZEPLACE (State or foreign 8 MARRIED -NEVER MARRIED WIDOWED TY DIVORCED [120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during most of working life, even if retired)
At Home INDUSTRY give street address) in any event, with 13e STREET AND NUMBER 130, USDAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CATY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY IS. MOTHER'S MAIDEN NAME First 14 FATHER S NAME Middle PETRIE THOMAS 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown (if yes give war or dates of service) ar removal, APPROX MATE INTERVAL BETWEEN ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes attending physician. PART 2 OTHER SIGNIFICANT FONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART MGDDing ± € has been 20b. IF YES, WERE FINDINGS CONSIDERED 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 19g, DATE OF OPERATION 29a. AUTOPSY? CAUSES OF DEATH? Health | FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day 3 should be detached with the State Dept. of (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY) 21F EOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at work 22a | certify that (I) (this haspital) attended the deceased from 1962, to 1962, to 1968, that (I) (1968) last saw the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the 196 , to Mark 31, 196 , that (1) (200) last causes stated above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE PHYS DIRECTOR director, page should be filled 22e. ADDRESS 22d. PHYSICIAN'S OCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a BURIAL CREMATION. REMOVATION 4-1-1968 Cedar Hill Crematory 0 250 REC'D BY REGISTRAR





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED NAME Eirst M ddie last 2c. DATE OF DEATH 2b. HOUR (Type or print) Doy 11 Year 68 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS DAYS HOURS 9-21-70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) during most of working ufe, even if retired)
Housewife Horns 13c CITY OR TOWN 13e STREET AND NUMBER 204 Monroe 130 USUAL RES DENCE (Where deceased ived, if institution Residence before 13d. INSIDE CITY LAMITS? Rockvill First M.ddle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost John B. Brewer Virginia Fletcher Russell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Sister Address TABL SOCIAL SECTIFITY NO Yes, no, or unknown) Elizabeth S. Brewer Same as Item APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per sine for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (o) Conditions, if only, which gove) rise to mmed ate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE PEACH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? Zune YES [216. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, not fy medical examiner) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (N. HOME, FARM, STREET, FACTORY.) 211 LOCATION Street of R.F.D. No. County Stote While Not while at work 220. I certify that (I) (this hospital) ottended the deceosed from saw the deceased alive an 19, and that couses stated above, (I) (w) (and) (discouse when body ofter death tolerace / 1960, that (1) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR A OUEGREE PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL, CREMATION, 23b. DATE Burlal Burlal 3-14-68 Goshen Cemetery Goshem. Maryland 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE

Bethesda, Maryland

24 haurs after completely event, Carl requires that the death certificate be executed please remaye ar removal, signed by the burial-transit O FUNERAL DIRECTOR: After this certificate has been as the prior to be retained director, plunds 30M REV 1/68



Fort Lincoln Crematory

Baltimore, XMXX Ave. 250 RECO. BY REGISTRAR 968 250 REGISTRARS SUBMATURA AVE. DATE

Colmar Manor Pro Geo Md.

30M REV 1/68

Cremation

24 FUNERAL DIRECTOR

GASCH'S Funeral Home

dar 11, 1968

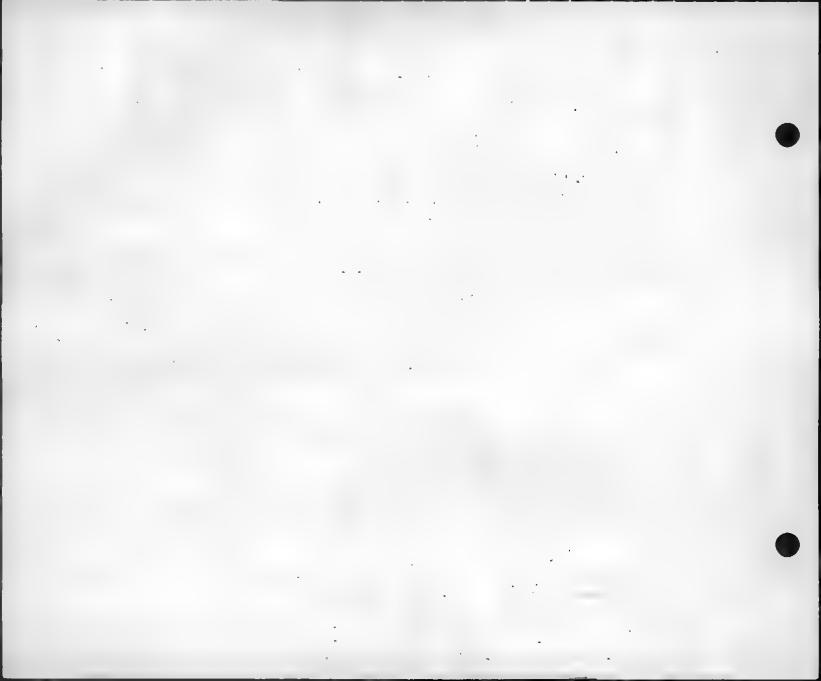


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 044 2b. HOUR Middle Lost 2a. DATE OF DEATH DECEASED-NAME First deoth. Month Day 689 6:30R funerol (Type or print) WATSON DELORES ALBERTA IF UNDER 24 HRS. IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years 3 SEX A RACE lost birthday) MONTHS ! DAYS HOURS 6-20-23 Colored Female The low requires that the death certificate be executed within 24 boars 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 7c. BIRTHPLACE (Stote or foreign B. MARRIED CNEVER MARRIED country) Montgomery County _= United States Md . DIVORCED [WIDOWED T filled 12a USJAL OCCUPATION (Kind of work done buriol, cremation, or removal, and in any event, within 12b KIND OF BUSINESS OR 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH give street address) Montgomery Gen. Roduring most of working life, even if retired)
House Wife INDUSTRY remove corbon Olney completely 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER Box 86. Norwood Road 13b COUNTY Montgomery Sandy Spring YES Maryland 15 MOTHER'S MAIDEN NAME First Lost Middle Last 14. FATHER'S NAME First Lomack Beulah William Dodson physician on please Address 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Admission record, Mont. Gen. Hospital, Olney, Yes, no, or unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CHEXIA PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A COMSEQUENCE OF signed by the buriol-transit p Conditions, if any, which gove: rise ta immediate couse (a), CONSEQUENCE OF DUE TO, OR Page 4 may be retained by the hospital or attending physicion.

• FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse PONCHOGENIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔀 NO [use be detached for use State Dept. of Health 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Manth Day Year P.M. (If either, natify medical examiner) AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. State 21e. PLACE OF INJURY City or Topyn County 21d. INJURY OCCURRED OFFICE BUILDING, ETC. While Not while at work 22a. I certify that((1) (this haspital) attended the deceased from... 1963, ta 3/5 1926, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 5 1966, and that causes stated abave (II) (well (dip)) did nat) view the bady after death. 707 Shoul 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. page e filed 22e ADDRESS PHYS CIAN S director, po should be f NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
Ash Memorial. Sancy Sor 230 BURIAL CREMALION 3-10-68 Soring, 250. REC'D BY REGISTRAR MAR 12 Hockvill 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN 1 DECEASED NAME Month 2b HOJR Yeor (Type or Print) OF EST1-DEATH MATED DATE PRONOUNCED DEAD S DATE OF BIRTH and iast bythday) PM3, State Depart 9. COUNTY OF DEATH MARRIED NEVER MARRIED 76 B.RTHPLACE (Stote or foreign Item 18. Give Pages 1, hours after death 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of Work done during most of working life, even if retired.) INDUSTRY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13b. COUNTY" odmission) STATE YES TO NO land 2 after 15. MOTHER S MAIDEN NAME 14 FATHER'S NAME Middle Minor Pointer pages hours ames Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT pellci (Yes, no, or unknown) This certificate should be executed with Rockvil Maryland E APPROXIMATE INTERVA = within 18 CAUSE OF DEATH (Enter only one couse per fine for (a) (b) and (c). permit. BETWEEN ONSET AND DEATH 4 should be farwarded to the Chief Medical PART I, DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A GONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a). writing the mord stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL 0 rsed 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES pe pe Ö 210. EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 should MEDICAL PRIMARY OR CONTRIBUTING cremation, CAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F.D. No. State City or Town County factory, office building, etc.) DIRECTOR: Poge WHILE HOT WHILE AT WORK 22a I certify that took charge of the remains described above held an Autopsy N and in my apinian death resulted from Natural causes Suicide Hornicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL moy be re FUNERAL I 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUTY 5 moy 70 FUNE Health **EXAMINER'S** NAME (Type) 230. BURIAL, CREMATION 23d LOCATION (City or Town) ((county) Baltimore Cemeteru DAMAR 2 6 25b REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2g DATE OF DEATH 2b HOUR I. DECEASED-NAME First Middle 24 haurs after death 유 (Type or print) Anna Webb Month. 068 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years F JINDER 1 YEAR IF UNDER 24 HRS. lost bighday) MONTHS HOURS Temale Canc December 23, 1886 To BIRTHPLACE (State or fore grantous 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9. COUNTY OF DEATH Montgomery 11.S.A. DIVORCED [WIDOWED event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within Rensination Gardens Nursing Rome of carbank Kensington 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d PHYSIDE CITY LIM TS? admission) STAPParuland 136. COUNTY ontomery 2706 Harmon Road Silver Spring & remove and in any 14. FATHER'S NAME First Middle Las! IS, MOTHER'S MAIDEN NAME First Middle gue William Schroeder Louise Krneger please physician a 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Histon Road 2796 Hospin Ko Silver Spring Yes, na, ar unknown) (1 yes give wer or dotes of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, none Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (g) Canditions, if any, which pove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) d far use as the af Health priar ta has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO So O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) P.M. 23e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED County State City or Town While Nat while at wark ID ROSMITAL OR ATTEND Page 4 may be retained director, page 3 shauld should be filed with the causes stated above; (1) (we) (did) (did not) view, the lady after death 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) a You CONNECTICENT 23d LOCATION (City or Town) BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) March Fort Lincoln Crematory Prince George County, artenders 34 Georgia AJSE RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1768 Pumphrey. Inc. Silver Spring. Pld. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Ux294

04483

1		EASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR								
	(1)	pe or print) KA-FALLAN Elizabeth Was Sklima CAMonth Day Year 11500M								
	3. SE	A RACE S DATE OF BIRTH 6 AGE (In years IF UNDER VEAR IF UNDER 24 HRS								
	1	() () () () () () () () () ()								
	70 R	RTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH								
	coun	ry)								
	10 C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR								
	5"	give street oddress) +? during most of working life, even it retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
	130	ISUA. RESIDENCE (Where deceased freed, if institution Residence before 1/3c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER								
z		State Md. 13b County Rockville YES NO 10401 Grosvenor Pl. Apt920								
	14.5	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last								
1	14. [
	1/-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address								
		none of unknown) Uther give wer or do to so described in social security to none Mrs. Dorothea W. Ulman Same as #13 (daughter)								
	-									
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:								
		IMMEDIATE CAUSE (a)								
		DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which gave) rise to immediate cause (a).								
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF								
		lost. (c) 1 Cardinos de La como								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
	NO									
	S	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
	CERTIFICATI	AEZ NO X								
	17	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)								
	MEDICA	(If either, natify medical exominer) P.M. 19								
	M	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State								
		of work of work								
		220. I certify that (I) (this hospital) ottended the deceased fram								
		saw the deceased alive an								
		22c DATE SIGNATURE								
		DEGREE PHYS DIRECTOR								
		22d. PHYSICIAN'S 22e. ADDRESS:								
1		NAME (Type) C. H. W. a on M.D. Dandy Spring, M.								
	230	BURIAL, CREMATION, 236 DATE P3c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)								
	200	SCHOOL (Specify) 3/12/68 Prospect Hill Washington D.C.								
		UNERAL DIRECTOR ADDRESS 250. REGISTRAR SHOWN UNITED TO THE STATE SHOWN								
8		rancis Gasch's Sons Hyattsville, Md.								
		VALLE VALLE								

VR A15 (4) 30M REV 17

ir by the funeral

ofter death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled 17.59 the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Peges 1 and 2 showed tilled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 thanks

Page 4 may be retained by the haspital or ottending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by hadrector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 haups Page 4 may be retained by the haspital ar attending physician.

30M REV. 188

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	02200		CERT	TIFICAT	E OF DEATH			6 %	34			
		rst	Middle		Lost	20. D	ATE OF DEATH		2b. HOUR			
[]	Ype or print) James	s Will	iam	Wenri	ch		March D	1 1968	5:40 M			
3. SE	X	4. RACE		S. [ATE OF BIRTH		6 AGE (In years	F JNOER 1 YEAR	IF UNDER 24 HRS.			
	Male	Whi	te	M	arch 12, 18	888	last birthday)	MONTHS DAYS	HOURS MAIN			
	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT CO	OUNTRY? 8. MA				TY OF DEATH					
cour Cour	shington D.C.	America		OWED 🗍	DIVORCED	M	ontgomery		Md			
10. (TY OR TOWN OF DEATH	11 NAME O	F HOSPITAL OR INSTITUTE	ON (If not in		AL OCCUP	ATION (Kind of work dane		BUSINESS OR			
η	akoma Park _	give street	oddress) netion Sanit	arium	& Hosp.	ost of wo	arking life, even if retired) INDUSTRY				
13a	USUAL RES. DENCE (Where deci	e ased_live d, if institution- R	esidence befare 13c	CITY OR TOV	VN 3d INSIDE CTY LI	IMiTS?	13e STREET AND NUMBER					
	ission) STATE	13b. COUNTY Prince Ge	orge	rattsv	TITE YESK NO		2010 Drexe	1 Street	,			
	ATHER'S NAME First	Middle	Lost		THER'S MAIDEN NAME F	irst	Middle		Last			
			Wenrich		Unknowr	7						
	WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17. INFO			Address					
. '	'es, na, ar unknown) (If yes gr 17.0	— 5.70	9-28-8002	Pa	atient's ch	art						
	18 CAUSE OF DEATH (Enter	anly one couse per line for	(a), (b), and (c).)					APPROXIA BETWEEN O	MATÉ INTERVAL MSET AND DEATH			
	PART J. DEATH WAS CAL	JSED BY:	to Cert	10726	ery Hea	uz	Ducas	200	401			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which gove										
	rise to immediate cause (o). Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	lost. (c)											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
~												
N N	190. DATE OF OPERATION 1	9b. CONDITION FOR WHICH O	PERATION WAS PERFORM	IED	20a. AUTOPSY?		20b. 1F YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING			
E	YES NO CAUSES OF DEATH?											
9	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR AM Month Doy Year (If either, notify medical examiner) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 19 Port 1 or Port 2, Ite HOUR AM Month Doy Year 19 P.M. 1											
20	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M Mo Imminer) P.M.	onth Day Year 19									
₩E	21d INJURY OCCURRED 2 While Mat while at work	Te. PLACE OF INJURY (AT HO	OME FARM, STREET, FACTORY) E BUILDING, ETC.	21f LOCATI	ON Street or R F D. No.).	City or Town	County	State			
	22a. I certify that (!) ((this bassital) ettendo	d the decorate from	· '/	(Fett 10 (65 +	0 / /* = 1	0 6 d that	(I) (ma) las			
	saw the deceased	alive an	Fee 196	λ , and th	at in (my) (aur) api	inion de	eath accurred on the	dote and hour	and from the			
	causes stated obc	ove, (I) (we) (did) (did	not) view the body	ofter dea	th.							
	22b SIGNATURE			/)	ATTENDING YOU M	MED	STAFF 22	C DATE SIGNED				
	1- 1	le contract	Care -	DEGREE	PHYS. Z	DIRECTOR	LJ PHYS. LJ					
	22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS							
230	BURIAL, CREMATION, 23	b. DATE	23c NAME OF CEMET	ERY OR CRE	MATORY	23d l	OCATION (City or Tawn)	(County)	(State)			
	REMOVAL (SPECITY)	3/4/68	Fort Li	ncoli	n Cem.		odmar . no					
24	FUNERAL DIRECTOR 161	ley's r'une	raladdress t.	dair	nier 250 RECD B	REGIST	RAR 40 256 REGISTRAL	RS SIGNATURE	udas.			

DATE



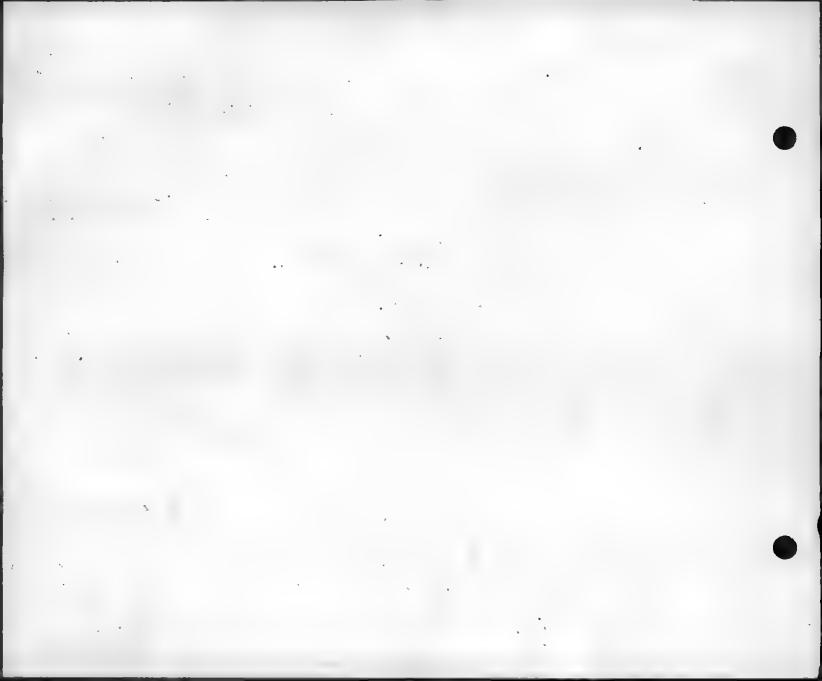
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		0.550	0		C	ERTIFICATE	OF DEATH	1			117,7	2,1
±2-		CEASED-NAME	First		Middle	Lo	ist	2a. DATE	OF DEATH	D	V	2b HOUR
ded	11	ype or print)	/ama		may	W	entzel		March	14	1968	742PM
Pages T and Tours ofter death	3. SE		4	RACE			E OF BIRTH	.01 -	6. AGE (In yea last-buthday)		NDER 1 YEAR THS DAYS	IF UNDER 24 HRS.
Pages Pages urs oft		te		(24	12.		5 July	1880	82_	YRS		
275	7o. B	IRTHPLACE (State or try)	fareign 7b.	CITIZEN OF WHAT	COUNTRY?	MARRIED _ NE		9 COUNTY	44	0 0	bert.	
T de la la la la la la la la la la la la la		TY OR TOWN OF AL	A.T.()	USA	E OF HOSPITAL OR INST	WIDOWED 7	DIVORCED	CUAL OCCUPATI	//	OME		Md.
- /=	<	TY OR TOWN OF DE	Sprin	give stre	ept address) (It v	En_ Mase	JUMS during	mast of warki Housew	DN (Kind of werk ng life, even if reti i fe	red.)	25 KIND OF E NDUSTRY	IOZINEZŽ OK
and completely remove carbo n any event, wi		[] STATE []	there deceased li	ived, if institution 13b COUNTY	Residence before	13c CITY OR TOWN	AE2 TINSIDE CL	NO 1	STREET AND NUMB	THER		14-41
icion and coleose remo	14. F	ATHER'S NAME	First	Middle	Lost	IS. MOTE	IERS MAIDEN NAM	E First / O	234 34%	n St	. N.	•ast
Se g din		600	(3 e	E.	Ziesle			Alice			110	ss/ez
by the ottending physicion and ransit permit. Then please remeremation, or removol, and in ar		WAS DECEASED EVER es, na, or unknown)	IN U.S. ARMED 1		66 SOCIAL SECURITY NO 577-46-5			Wentz	el same		13e	
by the ottending physi transit permit. Then p cremation, or removol,		18. CAUSE OF DEA	TH (Enter only or	ne cause per line	for (a), (b), and (c).)							ATE INTERVAL ISET AND DEATH
or re		PART I. DEATH	WAS CAUSED BY IMMEDIATE C		Seps	S					3 40	reks
otte on,		7		DUE TO, OR AS	A CONSEQUENCE OF		-					
the mat	Н	Canditions, if any, rise to immediate		(b)	Gorgal	LOUS	Decub	itus (1 cers		he	eenth
		stating the underl		DUE TO, OR AS	A CONSEQUENCE OF	ral R	rterit	uscle	rosis		34	ears
		PART 2. OTHER SIG	IIFICANT CONDITI	ONS CONTRIBUTIN	NG TO DEATH BUT NOT	RELATED TO THE T	ERMINAL DISEASE (OR CONDITION G	VEN IN PART I(a)			
the rbe	NO											
icate has bee for use as th Health prior i	CERTIFICATION	19a. DATE OF OPERAT	ION 196 CONI	DITION FOR WHICH	H OPERATION WAS PERF		o AUTOPSY? YES \ NO	i čan	IF YES, WERE FIND SES OF DEATH?	INGS CONSID	DERED IN CE	RTIFYING
#ET-4	ਤੋ	21a. ACCIDENT WAS OR CONTRIBUTING [(If either, natify mo	CAUSE OF DEATH		NJURY Manth Day Year 19	21c HOW INJ	JRY OCCURRED (E	nter nature af i	njury in Part 1 or P	art 2, Item	18.)	
D FUNERAL DIRECTOR: After this cert director, page 3 should be detached should be filed with the State Dept. o	MEDI	21d INJURY OCCUR While Stat while at work at work	RED 21e PLAI		T HOME FARM, STREET, FACTO FFICE BUILDING, ETC	RY.) 21f LOCATION	Street or R F.D	No. (ity or Town	(o	lunty	State
ter to te	П	22a. I certify t	hat (I) (this h	aspital) atten	ded the deceased	from No	Y 60 , 19	67, to/	March 16	, 19.60	₹_, that	(I) (we) last
OR: Af		saw the d	eceased alive	an haa	nat) view the be	and that	in (my) (aur) o	apınian deat	h accurred an t	he date a	ind haur o	ind from the
HRECT Salvation		22b. SIGNATURE	1.25	m) 4	avell v	D DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.	22c. DATE		1968
FUNERAL DIRECTOR: rector, page 3 should nould be filed with th		22d. PHYSICIAN'S NAME (Type)	Robe	1 0	Have	2	2e. ADDRESS	Neb	raskan	ave.	G	~
ecto ogd	23g	BURIAL, CREMATION				METERY OR CREMA			TION (City or Town) (((aunty)	(state)
5 p 48		REMOVAL (Specify)		9/68				1	tland,	,	.,	
VR A15 (4)	24.	FUNERAL DIRECTOR			ADDRESS		2Sa RECI	D BY REGISTRAR	2Sb REGIS			119

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or offending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item 2b Film G399 4/25/68 kk DECEASED-NAME First 20 DATE OF DEATH 2b. HOURA to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fungral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages T and 2 shauld be filed with the State Dept. at Health prior ta burial, cremation, ar remayal, and in any event, within 72 hours after death. (Type or print) (None) Williams Anna March 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthaay) MONTHS HOURS Female White 28 January 1920 law requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State at foreign 7b CITIZEN OF WHAT COUNTRY? B MARRIED X NEVER MARRIED 9. COUNTY OF DEATH (Ountry) Maryland USA WIDOWED [DIVORCED [Montgomerv 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 120 USUA, OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address)
The Clinical Center, NIH during most of working life, even if retired) INDUSTRY Bethesda Housewife None 130 LSLAL RESIDENCE (Where deceased lived, if anstitution: Residence before / 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? of Columbia COUNTY YES X NO 🔲 3030 Wisconsin Ave., N.W. Washington 14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Robert Bowman Johanna Davis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT The Medical Record Address Yes, na, pr unknown) (If yes give war or dates of service) Not available The Clinical Center, Bethesda, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Bronchopneumonia and Diffuse Hemorrhage BETWEEN ONSET AND DEATH 12 Hours DUE TO, OR AS A CONSEQUENCE OF Chronic Myelogenous Leukemia in Blastic crisis Conditions, if any, which gave) 1 Year rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Dystrophica Myotonia and Congestive Heart failure 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO 🗔 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Port 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town State Caunty While Not while of work

be retained by the haspital ar attending physician.

Charles M. Haskell, MD 23c NAME OF CEMETERY OR CREMATORY 23b. DATE

220 ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Maryland 23d. £OCATION (City or Town)

STAFF PHYS

230 BUR AL, CREMATION, BUT 1 Specify) Ft. Lincoln 3/27/68 24. FUNERAL DIRECTOR

ATTENDING

PHYS.

DEGREE

2Sa. REC'D BY REGISTRAR

MED. DIRECTOR

Bladensburg, Maryland

22c DATE SIGNED

23 March 1968

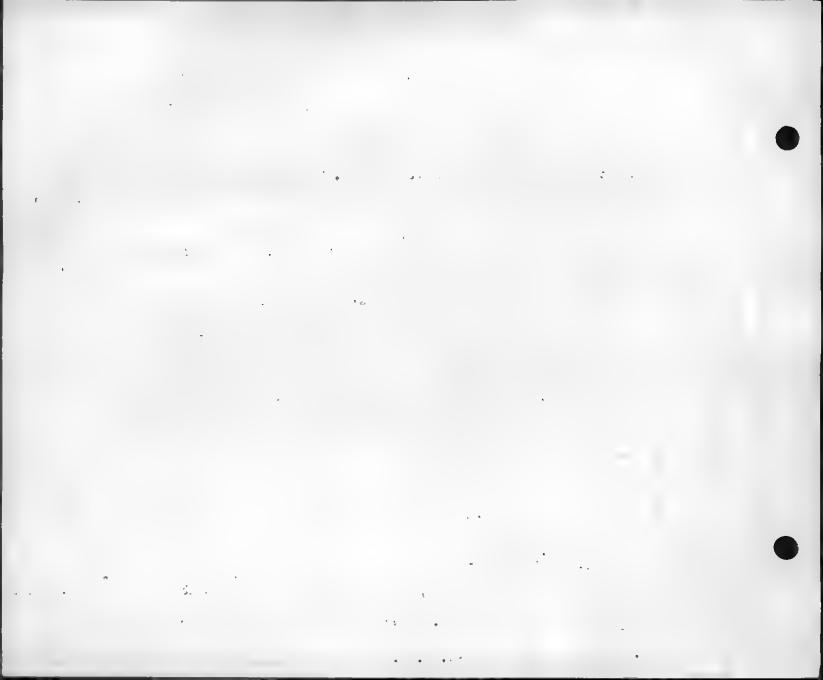
Jos. Gawler's Sons

22b SIGNATURE

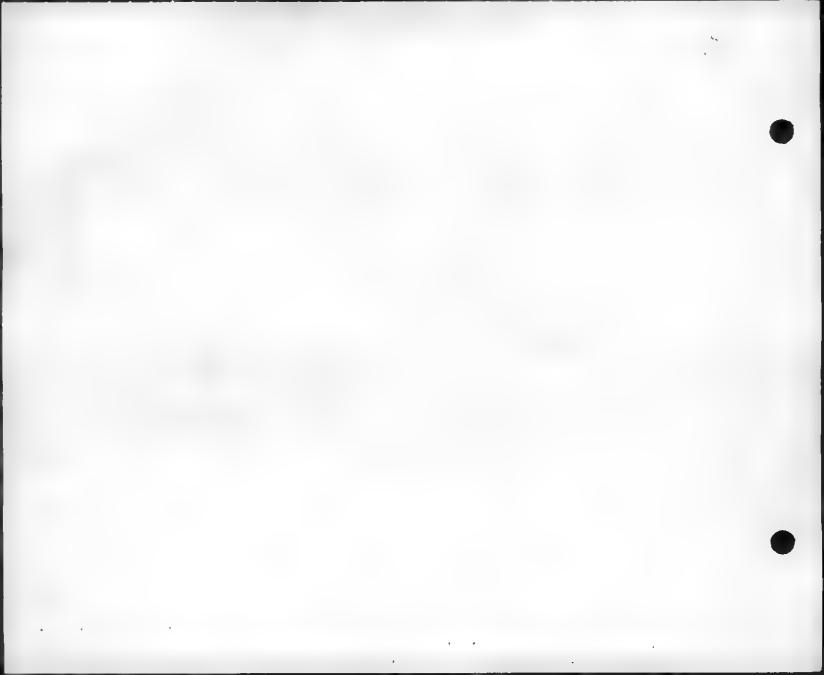
22d. PHYSICIAN S NAME (Type)

> 5130 Wisconsin Av Wash. D

256 REGISTRAR'S SIGNATURE 1968



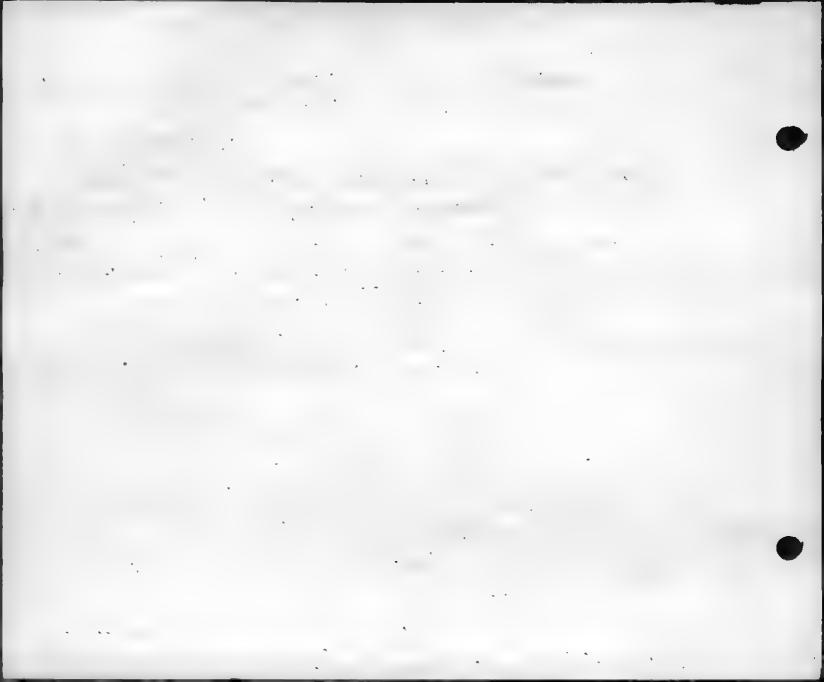
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR hours after death. (Type or print) Month loon 3 SEX 4. RACE IF JNOER I YEAR S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS DAYS HOURS within 72 hours 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED DX country) please remove carbon papers. DIVORCED [WIDOWED mquires that the death certificate be executed within 24 physicion and completely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR MISTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address during most as warkung life even if retired) INDUSTRY event, 13a. USUA: RES DENCE (Where deceased lived, if institution: Residence before 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY 7 YES NOT and in ony 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) - 1 (If yes give war or dates of service) or removol, signed by the ottending phy 18. CAUSE OF DEATH (Enter only one couse per line far_(a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Cand t ans, if any, which gave) rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause buriol, a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPARED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending hos been d for use as the of Health prior to 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES T NO V O FUNERAL DIRECTOR: After this certificate the hospitol or 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. be detoched (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21s. PLACE OF INJURY City or Tawn Caunty Stote While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram-1968, and that if (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an. be retoined should causes stated abave (1) (we)(did)(did nat) view the bady after death. 22c. DATE SIGNED director, page 3 should be filed v DEGREE DIRECTOR PHYS Page 4 may PHYSICIAN S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) (State) March 23. 1968 Calvary Memorial Park Fairfax. Fairfax Va. 2St REC D BY REGISTRAR Money & King F. H. 25b REGISTRAR S SIGNATURE VR A15 (4) 30M REV. 1/68 DATE Vienna. Virginia



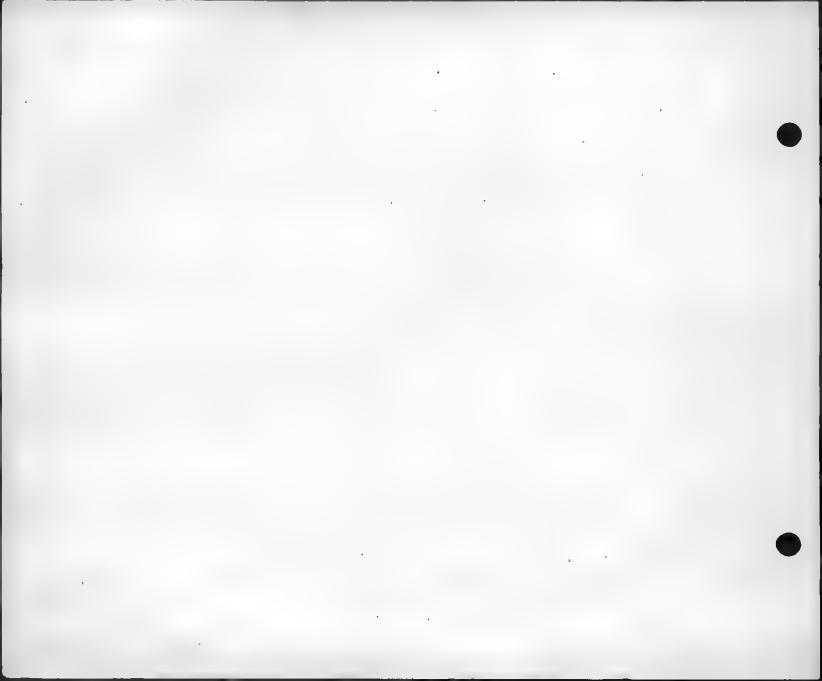
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 U25 S3 CERTIFICATE OF DEATH 04489 20 DATE OF DEATH DECEASED-NAME First Middle Lost 2b HOJR death. puo (Type or print) Month MUR ORNElia Poges I hours after o 5. DATE OF BURTH IF UNDER 24 HRS 3 SEX 6. AGE (In years HE UNDER 1 YEAR last bythdoy) MONTHS HOURS YRS 7a. BIRTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY?** COUNTY OF DEATH hou 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED Doper 3 IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT 12b KIND OF BUSINESS OR The law requires that the deoth certificate be executed witllin working life, even if retired) INDUSTRY Pan P by the ottending physician and completely ransit permit. Then please remove carbin event, 130 USUAL RESIDENCE (Where defeased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission L STATE 135 COUNTY YES Z buriol, cremotion, or removal, and in any 14 FATHER'S NAME KY MOTHER'S MAIDEN NAME First Middle Mid⊞e Last ANGL ANNI Ø. 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (if yes give war or dates of service) Yes, no, or unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), am ponade PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if any, which gave) r se ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE O physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) offending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should he filed with the State Dept. of Health priar to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES [NO [Page 4 may be retained by the hospital or OR ATTENDING PHYSICIAN: 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING FICAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) PM AT HOME, FARM, STREET, FACTORY, 21F LOCATION Street or R. F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a I certify that (I) (this hospital) attended the deceased from IV Work II, 19 60, to It Work IV, 19 60, that (I) (we) last saw the deceased olive on March 14 19 67, and that in (my) (our) apinian death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE PHYS DIRECTOR PHYS. 22e ADDRESS 22d PHYSICIAN'S NAME (Type) 27 UNIV. BLODE 230. BURIA CREMATION NAME OF CEMETERY OR CREMATORY. 23d LOCATION (City or Town) (County) (Stote) ALMOVAL (Specify) 1968 24. FUNERAL DIRECTOR 25g, RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle 2a DATE OF DEATH 26 HOUR (Type or print) Month 9 3 Harold IF UNIOER I YEAR 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS haurs after lost birthdoy) Male 6-8-0 7b. CIT.ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED LINEVER MARRIED (auntry) WIDOWED [77] DIVORCED T law requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspito) 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done INDUSTRY DEAT. ALRIC give street address during mast af working life, even if retired) INDUSTRYDEAT.
Motion Picture Prod. Mayager 130 USUAL RESIDENCE (Where deceased lived, it/institution: Residence before 13c. CITY OR TOWN 3d INS-DE CITY JIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 🔽 NO T remave 14. FATHER S NAME Middle IS. MOTHER'S MAIDEN NAME First Wingo Robert 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes pa, ar unknawn) remayal, APPROX MATE INTERVA signed by the attending 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CEATE PART . DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, fony, which gove) burial-trons:t rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the pr.ar ta this certificate has been pr.ar1 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME QF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY \$ 21f LOCATION Street or R.E.D. No. City or Town County State While Not while at work Page 4 may be retained by to FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from..... Lev, 1960, to 9 many, 1967, that (1) (we) last 7 March 1968, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (did and) view the bady after death 22b SIGNATURE 22c. DATE_SIGNED ATTENDING DIRECTOR director, page should be filed PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) Merton L. White 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION REMOVAL (Specify) Pattlincoln Cometenu 25a, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DATE



	-	ths 18, 11, 22 film MARYLAND STATE DEPARTMENT OF HEALTH ### 11-5 Plyision of vital records, 301 W. Preston street, Baltimore, Maryland 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	÷ 9 1
HEALTH DEPT		ECEASED NAM (AKA) First Thin Middle Fong cost Yee 20 DATE KNOWN Month	Doy Yeor 2b HOUR
ay is 3 to 3 to ant of	1	Type or Print) FANNIE (NMN) YEE DEATH MATED MAR	CA 4 1868 5 AM
	3 5	last birthday) MONTHS DAYS HOURS MIN Month	Year 2d HOUR
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Exar File File	┝		APPROXIMATE INTERVAL
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11:	24	FUNERA, DIRECTOR ADDRESS 250 REC D 8Y REG STRAR 2Sb REGISTRARS	SIGNATURE _
VR A15ME (5) 10M REV, 1768 3	170	se Funeral Home 300 4th St.NE Wash., DC DATE MAR 8 1868 9Cha	ween freeze



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a DATE OF DEATH 26 HOUR requires that the death certificate be executed within 24 hours after death (Type or print) s after 3. SEX 6. AGE (In years last birthday) 5. DATE OF BIRTH HE JINGER 1 YEAR IF UNOER 24 HRS HOURS MONTHS physician and campletely filled in by 7a BiRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED please remove carban papers. country) y WIDOWED 5 DIVORCED within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) INDUSTRY during mast of working life, even if retired) 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY admission) STATE D and in any 14. FATHER 5 NAME Middle Middle Last 15. MOTHER'S MAIDEN NAME First First 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address. Yes, na ar unknown) (If yes give war or dates of sennice) NONE ar remayal, O FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached far use as the burial-transit permit. Then 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Cand tians, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) d far use as the af Health priar ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AJTOPSY? CAUSES OF DEATH? ATTENDING PHYSICIAN: The NO X YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET FACTORY.) 21f OCATION Street or R.F.D No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at wark NON-R 22a. I certify that (I) (this haspital) attended the deceased from 3 -30-05, 1965, ta. be retained by saw the deceased alive on 3 - 30 19 68, and that in (my) (aur) apinion death occurred on the date and haur and from the director, page 3 should stroud with the couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYS CIAN S 22e ADDRESS NAME (Type) 23a BURIAL (REMATION, REMOVAL (Specify) 286, NAME OF CEMETERY OR CREMATORY 23b DATE 25b. REGISTRAR'S SIGNATURE VR A15 1968 tioneles 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle. 2a DATE OF DEATH 2b. HOUR 4 hours after death. death (Type or print) Month March OPK Joseph 68 3 SEX IF UNDER 1 YEAR F LINDER 24 HRS within 72 hours after S DATE OF BIRTH 6 AGE (in years White March Male 7o. BIRTHP, ACE (State or foreign 7b. CIT.ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED the attending physician and completely filled in list permit. Then please remaye carbaa papers. Mont 60 mery U.S.A WIDOWED [DIVORCED [IO CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a ESJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY 13e STREET AND NUMBER 3a USUAL RESIDENCE (Where deceased lived, it institut an Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13b COUNTY MONTERMEY law requires that the death certificate be executed Bethesdoor loll Kingsfor. or removal, and in any 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First M-ddle Last RVING ORK Maria 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown) C.S APPROX MATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per line for (a)_(b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY,
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Gate of Heaven

Silver

Montg.

pring.

REMOVAL (Specify)

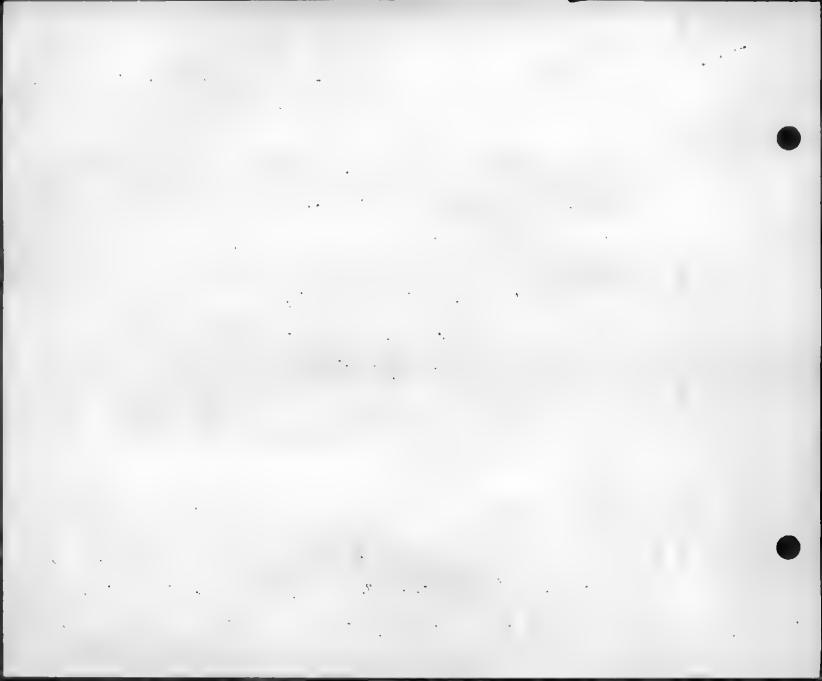
24. FUNERAL DIRECTOR

VR A15 (4)

30M REV 1/68

3/8/60

Tyson Wheeler Funeral Home Rockville. Md.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained by the hospital or attending physician.

04504

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	ECEASED-NAME	F	arst	M.ddle		Lost		20. DATE OF DEATH				2Ь НО	JUB
	Type or print)	Heri	nan	<i>9.</i>		Young		March	<u>D</u> a	y	1968	11:5	See M
3. SE	X		4 RACE			S. DATE OF BIRTH		6 AGE (I	yeors	IF UNDER		1F UNDER 24	
	Male		Wh	ite		May 21, 19	900	lost bird	hday) YRS.	MONTHS	DAYS	HOURS	MiN
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16a.	WAS DECEASED : es, no, or unknow	EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY N	10 17	INFORMANT			LADDIASS (*)			Kd.	
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				per line for (6), (b), and (s)	1	8/0				В		ATE INTERVAL SET AND DEA	
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~	Ruccina lileralyon - Hout - Untinitic												
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CERTIFICATION		1				YES NO		CAUSES OF DEATH	?				
	21a. ACCIDENT		212	ME OF INJURY	21c.	HOW INJURY OCCURRED (Ent	ter na	oture of injury in Port 1	or Port 2,	Item 18.)			
MEDICAL	OR CONTRIBUTING			A.M. Month Day Year P.M. 19									
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		stated ap			bady atte	r death.				0.170 (10			
	22b. SIGNATURE	Mina	in 1 fee	will lub.	DEC	GREE PHYS.	MED.	CTOR STAFF	□ ^{22c.}	DATE SIG	THE C	8	
,	22d. PHYSICIAN NAME (Typ		From A.	s F Qui	NNI	M.D. 22e. ADDRESS		Ven. Namp	3 hrie	Au	2. h	mX 7.	nd
23a.	BURIAL, CREMAT		3b DATE	23c. NAME OF	CEMETERY O	R CREMATORY		23d. LOCATION City or		(Caun	ty)	(State)	
	REMOVAL (Speci		March 8	1968 Mt. (live	t Cemetery	1	Washington	. 0.	C.			
247	SOUTH STREET	Recil	G. Cart	A O D Med C II		Anna 25a REC'D	BY R	REGISTRAR 2Sb	PEGISTRAP	SIGNATU	JRE	48.	
W	arner E	Pump	hrey. To	10. Silvan			3	8 1968	file	rus	10		

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then piease remove corban propers, Pages Pranshould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, whein 12 hours offer these VR A15 (4) 30M REV 1/68



Page and 3 ta ny delay is TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department E. C. the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form O DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04495

		04505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04495							
	(1	DECEASED-NAME (Type or Print) Chais and Conthology ZANISON 20. DATE KNOWN Month Day OF ESTI- DEATH MATED 3 19	1968 ? P. M							
	-	rale white 9/26/1920 47 YRS. MONTHS DAYS HOURS M.M. Morth Doy 20	Yeor 1967 11.12 M							
	coun	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in pospital 12a. USUAL OCCUPATIONS (Kind of work agent 12b.	Md. KIND OF BUSINESS OR							
2			USTRY N/14							
5		organission) STATE NO 13th COUNTY Commerce Bethes da YES NO 1 8416 West Mon	FTERRACE							
1	14. F	FATHER'S MAME First Middle Class IS. MOTHER'S MAIDEN NAME First Middle CO	PSA HELES							
	16a. \ (Y	WAS DECEASED EVER IN U.S. ARMED BORCES? Yes, no, or unknown) (If you give wor gir dates of service) Yes, no, or unknown) (If you give wor gir dates of service) Yes, no, or unknown) YES PENNY ZANISON-WIFE-SAM								
1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATN							
		4/0.9 DUE TO, OR AS A CONSEQUENCE OF	_sudden_							
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. (b) Ceremany arterioseleresis severe (c) (c)	years							
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 1 20 / Diabates mellitus, elimical								
,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO							
	MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	8.)							
	ME	WHILE NOT WHILE factory, office building, etc.)	ounty Stote							
		220. I certify that I taak charge of the remains described above, held on Autopsy , Inspection . Inquiry , death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my opinion							
	ė	ACTUAL SIGNATURE OM.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED								
2		EXAMINER'S SOHN G. BALL DEPUTY MEDICAL EXAMINER & ADDRESS (Street, city, town, or county)	- /-/ ,							
	8	Bright Specify 3-23-1968 Parklawn Cemetery Rockville Mon	nty) (State) Md							
5	24.	FUNERAL DIRECTOR 5130 WISCADDRESS, N AUE, NW 250, REC'D BY REGISTRAR 256. REGISTRARS SIGN OS. GANLER'S SONS, WASHINGTON, D. C. 20016 MAR 2 6 1968 Pleased	^							

VR A15ME (5) 10M REV. 1/68

5 may be retained far yaur files.

O DEPUTY

Health priar to burial, cremation, ar remayal, and in any event within 72 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

从). 04506	T COM	CERTIFICA	TE OF DEATH		14496			
K	ALACE OF DEATH	35 8 35 C		2. USUAL RESIDENCE	Where deceased lived, if instituti				
	Monlgom	ery	MARYLAND	Vas	ninglon:	D.C.			
	b. CITY OR TOWN (If outside a write RURAL and give near	orparaté limits, est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUF	(AL and give nearest tawn)			
_	CHEVY	Chase			00	NTAT L e. IS RESIDENCE			
2 .	d. NAME OF HOSPITAL OR INST	- 1	۸. ۱۱	d. STREET ADDRESS	2803 38th St. 1	ON A FARM?			
	Dethesda -	Dilver Jpr	ing Nursing Hon	e P/49/1/19	4. DATE Mont	ARZ. NO KI			
3.	DECEASED	First				h Doy Year rch 23 1968			
S.	(Type ar print) SEX 6. COLOR	OR RACE 7. MAR		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.			
	Male Wh		<u></u>	10	10st birthday) 94 yrs.	Manths Days Haurs Min.			
	USUAL OCCUPATION (Give king		Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
1	Il Mayo	Marcin -	INDOSTRY	Rus	sig	U.S.A.			
[3.	FATHER'S NAME	12		14. MOTHER'S MAIDEN	NAME	建筑			
L	de	Krum		10000	Grown	W. F. C. F.			
1S.	. WAS DECEASED EVER IN U.S. AF es, no, ar unknown) (If yes give	MED FORCES? war or dates of service)		7. INFORMANT 50	Addre	.00000000000			
	No			eon D. Leigi	er- 1819-1+-				
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one cause per lir USED BY:	ie far (a), (b), and (c).)	Lagrata	Accident	ONSET AND DEATH			
1197 Minimediate CAUSE (U)									
	Conditions, if any, which gove, (b) Arterioscleratic Vascular Disease Year								
	rise to immediate cause (), DUE TO	11 (01 (00 (0 1 1 1 1	VILL ONS	0100	8			
	stating the underlying cau last.	(c)							
22	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?			
ATIO	133/X Kr	oncho	genic C	chcinomo		YES NO ES			
CERTIFICATION	200. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL E)	OF DEATH	16. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II af item 18.)				
MEDICAL	20c. TIME OF INJURY Month Hour a.m. p.m.	10	Od. INJURY OCCURRED 20e. While Nat While ot work	PLACE OF INJURY (Hame, far factory, street, office bldg., etc		(County) (State)			
	21. I certify that (l) (this hospital) a alive on	ttended the deceased fran 124 1966, ond			and on the dote stated above			
	220. SIGNATURE	conser	1 Fold	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	3/23/68			
	22c. PHYSICIAN'S NAME (Type)	Leamard G	FOLD MA	98019	1. A. A. S. S.	md			
23	o. (BURIAL CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY	***	EALLS Church	wn) (County) (State)			
9	4. FUNERAL DIRECTOR	0/ 1/00	3 Set 14th SYN.			GISTRAR'S SIGNATURE			
1	Jernard DANZAN.	iky Juns	WASH- B.C	DATE	שאוו ב ט וועש				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral physician and campletely filled i VR A15 (4 25M 1/67

